

Exhibit “A”

IN THE 327th JUDICIAL DISTRICT COURT
OF EL PASO COUNTY, TEXAS

MIGUEL A. MARES,

Plaintiff,

v.

NGUYEN HUU NGUYEN and
TRIGO EXPRESS, LLC,

Defendants.

Case No.: 2017DCV0917

**DEFENDANT TRIGO EXPRESS, LLC'S
ORIGINAL ANSWER**

TO THE HONORABLE DISTRICT COURT:

COME NOW, NGUYEN HUU NGUYEN and TRIGO EXPRESS, LLC, Defendant herein ("Defendant"), and timely files this, its Original Answer in reply to the Amended Petition filed by Plaintiff, Miguel A. Mares ("Plaintiff") in this cause and asserts as follows:

I.

General Denial

Pursuant to Rule 92 of the Texas Rules of Civil Procedure, this Defendant enters a General Denial Answer and places all of the matters pled by Plaintiff in this case in issue, demanding strict proof of all of Plaintiff's allegations made herein by a preponderance of the evidence as required by the Constitution and laws of the State of Texas.

II.

Defendant reserves the right to amend its Answer further, if necessary.

WHEREFORE, PREMISES CONSIDERED, Defendant, TRIGO EXPRESS, LLC prays to the Court that all relief requested by Plaintiff against it in this action be denied in its



entirety, that Plaintiff take nothing by his claims asserted against Defendant and that Defendant be allowed to go hence, without delay and with its costs taxed to Plaintiff and for such other and further relief, legal and equitable, general and special, to which Defendant is justly entitled.

Respectfully submitted,

**MOUNCE, GREEN, MYERS,
SAFI, PAXSON & GALATZAN**
A Professional Corporation
P. O. Box 1977
El Paso, Texas 79950-1977
(915) 532-2000
(915) 541-1597 (fax)
almanzan@mmsg.com

By: *Andy Almanzán*
Andrés E. Almanzán
State Bar No. 24001643

Attorneys for Defendants
NGUYEN HUU NGUYEN and
TRIGO EXPRESS, LLC

CERTIFICATE OF SERVICE

I, **Andrés E. Almanzán**, certify on this 17th day of November, 2017, the foregoing document was electronically filed with the Clerk of the Court using the electronic filing procedures action pursuant to the Court's Electronic Filing Procedures, which will electronically send notification of such filing to the following counsel of record at his respective e-mail address as follows: James B. Kennedy, Jr., Esq., James Kennedy, P.L.L.C., 6216 Gateway Blvd., East, El Paso, Texas 79905, Attorneys for Plaintiff.

Andy Almanzán
Andrés E. Almanzán

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk
BY *Jelisa Solis* Deputy

15586-106/AALM/1332710

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NOV 21 2017



IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS
327TH JUDICIAL DISTRICT

MIGUEL A. MARES

Cause No. 2017DCV0917

vs

NGUYEN HUU NGUYEN; UTILITY
TRAILER MANUFACTURING COMPANYORDER SETTING HEARINGThe above reference case is SET as follows:

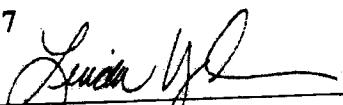
Date	Time	Description
01/30/2018	2:00 PM	Status/Scheduling Conference

Dear Counsel:

The Court requires that counsel appear in person or that arrangements be made for local counsel to appear

**If you do not show to court on the day of your hearing this case will be Dismissed For Want of
Prosecution or pursuant to the Court's inherent power.**If the above reference case has already been settled, tried or dismissed, please notify my Court
Coordinator (Estela Alarcon: (915) 546-2032) upon receipt of this order.PLEASE BE ADVISED: By Standing Order in Civil Matters signed and entered by the Council of Judges, pursuant to the
Texas Supreme Court Order mandating electronic filing of civil matters effective January 1, 2014: Parties shall provide a
courtesy hard copy, MAILED, OR HAND-DELIVERED, to the court of motions, responses and pertinent supporting
documents, no later than 7 working days before the hearing. Failure to comply with this order may result in cancellations
of the hearing.

Signed on this the 9th day of November, 2017


 LINDA Y. CHEW, Judge
IF YOU KNOW OF AN ATTORNEY INVOLVED IN THIS CASE AND NOT LISTED, PLEASE
PROVIDE HIM/HER WITH A COPY OF THIS SETTING.

Fax:

JAMES B KENNEDY
ANDRES E ALMANZAN915-532-2423
915-541-1597
 A TRUE COPY, I CERTIFY
 NORMA FAVELA BARCELEAU
 District Clerk
 BY 
 Deputy
 NOV 21 2017


**IN THE 327TH JUDICIAL DISTRICT COURT
EL PASO COUNTY, TEXAS**

**PLAINTIFF'S INTERROGATORIES, REQUESTS FOR DISCLOSURE,
REQUESTS FOR ADMISSION AND REQUESTS FOR PRODUCTION
TO DEFENDANT TRIGO EXPRESS LLC**

TO: Defendant TRIGO EXPRESS LLC, by and through its registered agent Thao Nguyen at 9601
Bolsa Ave, in Westminster, CA 92683.

COMES NOW, MIGUEL A. MARES, Plaintiff in the above styled and numbered cause, by and through his attorney of record, James B. Kennedy, Jr. of JAMES KENNEDY, P.L.L.C., 6216 Gateway East, El Paso, Texas 79905 and pursuant to TEXAS RULES OF CIVIL PROCEDURE Rules §§197, 194.2, 198, and 196 serves these Interrogatories, Requests for Disclosure, Requests for Admission and Requests for Production upon you, the answers to which shall be made by you, separately and fully, in writing, and under oath. The responses to these discovery requests shall be served upon the undersigned counsel of record for the Plaintiff within **fifty-one (51)** days after the service hereof upon you. Remember that you have the ongoing duty to amend and supplement your answers and responses hereto should those answers or responses become false or inaccurate given the discovery

of information which was not available to you at the time you made your answer, and response.

PLAINTIFF'S INTERROGATORIES, REQUESTS FOR DISCLOSURE, REQUESTS FOR ADMISSION AND REQUEST FOR PRODUCTION TO
DEFENDANT TRICO EXPRESS LLC

PAGE 1 OF 29



hereto.

I. DEFINITIONS AND INSTRUCTIONS

- (1) As used herein, the terms "you" and "your," as used herein and unless explicitly stated otherwise, shall mean **TRIGO EXPRESS LLC** and/or your employees, agents, and all other natural persons or business or legal entities acting on your behalf.
- (2) The allegations of negligence and the description of claimed injuries and damages contained in Plaintiff's Original Petition are incorporated fully herein, as if stated verbatim.
- (3) The term "Subject Accident," as used herein, refers to the occurrence that makes the basis of this suit. This occurrence is more fully described in Plaintiff's Original Petition in "Facts."
- (4) The term "Subject Injuries," as used herein, shall mean the injuries Plaintiff claims were incurred as a direct and proximate result of the Subject Accident. These injuries and damages were described in Plaintiff's Original Petition, and same are incorporated fully herein as if stated verbatim.
- (5) The term "document," as used herein, shall be used to broadly describe information, data, or imagery that has been recorded in any form (e.g., paper, magnetic tape, magnetic disk, optical disk, USB flash drive, signs, placards, banners, tablets, etc.).
- (6) The term "accident files and records," as used herein, is intended to have broad reference to all documents required from you by other organizations, state or federal governmental agencies, which are in any way related to any accident you or your co-drivers have been involved in.
- (7) The term "co-driver," as used herein, means any person(s) driving or riding with you on the date of the accident, and who at any time during the trip was driving the truck or was acting as a driver-trainer.
- (8) The term "driver's qualification file," as used herein, means those documents specifically required by Title 49 CFR Chapter III, Subtitle B, Parts 382, 383, and 391 created and maintained by your employer relating to you.
- (9) The term "trip," as used herein, is defined as the transportation or movement of one load of cargo, regardless of load size or type, from its origin to its final destination and includes the travel "empty or unloaded" from that destination point to the next point or location of loading, end of trip or new trip origin.



(10) The term "operational documents," as used herein, means all of the following:

- a. Your trip reports or trip envelopes, daily loads delivered or picked up reports or any otherwise described work reports, work schedule reports, fuel purchased reports, or any reports made by you, inclusive of daily, weekly or monthly cargo transported, time or distance traveled reports or work records, excluding only those documents known as "driver's daily logs" or "driver's record of duty status."
- b. All receipts for any trip expenses or purchases made by you or your co-driver during a trip, regardless of the types of purchase (e.g., fuel, weighing of vehicles, food, lodging, equipment maintenance, repair or cleaning of equipment, special or oversize permits, bridge or toll roads, loading and unloading cost, and all otherwise described receipts).
- c. All cargo pickup or delivery documents prepared by you, your employer, transportation brokers, involved shippers or receivers, motor carriers operations/dispatch personnel, drivers, or other persons or organizations relative to the cargo transported by you or your co-driver.
- d. All written requests, letters, memoranda, instructions, or orders, for transportation of cargo issued to you, transportation brokers, involved shippers or receivers, motor carriers operations/dispatch or sales personnel, drivers or other persons or organizations relative to the operations and cargo transported by you or your co-driver.
- e. All bills of lading or cargo manifest prepared or issued by any shippers, brokers, transporting motor carriers personnel, receivers of cargo or you. This specifically includes readable and complete copies of bills of lading, manifests, or other signed documents for cargo delivered along with any document that shows dates and times of cargo pickup or delivery that are relative to the operations and cargo transported by you or your co-driver.
- f. All equipment or cargo loading, unloading or detention of equipment documents along with any documents showing cargo pickup or delivery dates and times or delays or detention of equipment relative to the operations of you or your co-driver.
- g. All cargo transported freight bills, PRO's or otherwise described similar documents inclusive of all signed or unsigned cargo pickup and delivery copies that indicate the date or time of pick up or delivery of cargo by you or your co-driver.
- h. All written instructions, orders, or advice given to you or your co-driver in



reference to cargo transported, routes to travel, locations to purchase fuel, cargo pickup or delivery times issued by you, shippers, receivers, or any other persons or organizations.

- i. Dispatch or operational records indicating assignment of equipment and drivers to specific cargo pickup, transportation and delivery, dates and times of pickup and delivery, movement of cargo, shippers and receivers of cargo, and any other related operational records or documents. This specifically includes all dispatch and operational type computer generated documents and materials indicating the trips, cargo, movements or activities of you or your co-driver.
- j. Any call-in records or otherwise described documents indicating any communications between you and your employer.
- k. All accounting records, merchandise purchased, cargo transportation billings or invoices and subsequent payments or otherwise described records indicating billings for transportation of cargo or payment for services performed by you or your co-driver for your employer.
- l. All initial or rough trip check-in or financial settlement sheets along with all final trip accounting documents, and computer generated documents or printouts showing expenses and payment(s) for service(s) or salary paid to you in reference to your trips. This specifically includes any summary type documents showing all payments made to you regardless of the purpose of payment or the period of time for which payment was made.
- m. All motor carrier or driver-created trip fuel mileage and purchase reports or records. This specifically includes all documents and computer generated documents, regardless of form or subject, received from any source such as the organization known as "COMCHEK," or generated for or by you, showing date, time and location of fueling or other purchases by you or your co-driver.
- n. All checks or otherwise described negotiable instruments issued to you or your co-driver given in payment as trip advances, loans, or for any other purpose inclusive of checks issued for employee payroll, owner/operator, or for trip lessors for services, where such are in your possession. Specifically copies of the front and back of each check or comcheck issued to you or your co-driver.
- o. All state fuel or oversize special permits and any related documents or requests issued to or by any state agency to transport cargo over their territories, regardless of the form of the permit. This also includes the receipt



acknowledging payment for the permit issued by any governmental agency that relate to the movements of you or your co-driver.

- p. All trip leases or trip lease contracts involving you or your co-driver along with all related documentation issued to or created or received by you. Specifically, this includes any trip leases negotiated between you and any other motor carrier or their drivers inclusive of all related documentation thereto. Basically, "related documentation" consists of any documents created or generated in reference to the trip lease(s) and in addition, driver's daily logs or record of duty status, driver's daily condition reports, motor carrier certification of driver's qualification and include other documents that relate to the billing and payment for such movement of freight, along with all other types of documentation regardless of form or description that are relative to each occurrence involving the services and activities of you or your co-driver.
- q. All information from your satellite tracking system, electronic monitoring system, frame relay system, and electronic data communication systems relating to the location of you or your co-driver. This would include "Qualcomm" or any similar data which is generated for the purposes of periodically recording the geographical position of the truck you or your co-driver were operating.
- r. All other documents created or received by the Defendants or any other persons or organizations, regardless of form or description and not defined herein, in the possession of any of the Defendants and relative to the operations, activities, movements, cargo and trips accomplished by you or your co-driver.

(11) The terms "truck" or "tractor," as used herein, unless otherwise defined in a specific request herein, means the over-the-road vehicular power unit being operated by you or your co-driver at the time of the Subject Accident.

(12) The term "trailer," as used herein, unless otherwise defined in a specific request herein, means any trailer that may have been attached to the power unit being operated by you at the time of the Subject Accident.

(13) The term "hours of service records," as used herein, means any and all documents created in reference to Title 49 CFR Chapter III, Subtitle B, Part 395, including, but not limited to, driver's record of duty status, drivers' daily logs, time worked cards or other time worked records or summaries. This term also includes all documents created or maintained by you or your co-driver regarding reprimands, warnings, write-ups, or other disciplinary action taken against you in connection with violations of Title 49 CFR Chapter III, Subtitle B, Part 395.



- (14) The term "maintenance files and records," as used herein, means those documents required to be created or maintained by you in accordance with Title 49 CFR Chapter III, Subtitle B, Part 396, "inspection, repair and maintenance." This includes, but is not limited to, all driver's tractor and trailer daily condition reports, all systematic and annual inspections, work or repair orders, list of add-ons or take-offs of equipment parts and accessories, accounting records, bills, or notes of repairs or maintenance and all summary type maintenance documents, inclusive of any summary or computer generated type systematic lubrication, inspection and maintenance records and documents in your possession or on located in the truck operated by you on the date of the accident.
- (15) The "FOMCHSFO," as used herein, means the Federal Governmental Entity within the Federal Department of Transportation known as the "Federal Office of Motor Carrier and Highway Safety, Field Operations," which is the federal agency having jurisdiction and field enforcement responsibilities for the Federal Motor Carrier Safety Requirements, as is set forth in Title 49 CFR, Chapter III.

INTERROGATORIES

INTERROGATORY NO. 1:

Please identify yourself by stating your name, address, telephone number, date of birth, driver's license number and the state in which it was issued, and your social security number.

ANSWER:

INTERROGATORY NO. 2:

Have you been sued under the correct name? If yes, please so state. If not, please provide your full and correct name, address, and telephone number, and the identity of your registered agent or the person or entity who is authorized to receive service of process.

ANSWER:



INTERROGATORY NO. 3:

Pursuant to Texas Rules of Civil Procedure §192.3(f), describe any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of judgment that may be entered into this action, or to indemnify or reimburse for payments made to satisfy the judgment, by stating the name and address of the person or entity insured, the name and address of the insurer, the limits of applicable coverage and the amounts of any applicable deductibles or self-insured retentions. If any of the applicable insurance policies are aggregate limit policies, please state the applicable limits, whether any claims applicable to such limits have been made, the name, address and phone number of the claimant(s) and his/her attorney(s) and the amount reserved on such claim, state whether any sums have been paid, and if so, state the amount paid, and state the last date upon which a claim can be made against such aggregate limit. Further, please state whether or not notice of the incident was given, and whether or not a non-waiver agreement, reservation or rights letter, or any other document or agreement regarding coverage has been signed by or sent or communication to you.

ANSWER:

INTERROGATORY NO. 4:

State the name, address, telephone number, area of expertise, and the subject matter upon which you consulted any experts whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

ANSWER:

INTERROGATORY NO. 5:

Identify which of the Subject Injuries you are asserting were not caused or aggravated by the occurrence of the Subject Accident. Please supplement this answer as necessary.

ANSWER:

INTERROGATORY NO. 6:

If you are asserting more than just a General Denial (TRCP 92) as to the cause(s) of the Subject Injuries, identify the facts upon which you base your assertion. Please supplement this answer as necessary.

ANSWER:

INTERROGATORY NO. 7:

Please state whether you were charged with any traffic violations in connection with the Subject Accident and, if so, the final disposition of such traffic charge.

ANSWER:



INTERROGATORY NO. 8:

Please state whether you have ever been charged with or convicted of any crimes and if so, the date of the accident giving rise to the charge(s), the nature of the offense with which you were charged and the disposition of the charge(s).

ANSWER:

INTERROGATORY NO. 9:

State the approximate speed of your vehicle at the time of the Subject Accident.

ANSWER:

INTERROGATORY NO. 10:

Please state the purpose of your trip at the time of the Subject Accident. If you were acting within the course and scope of your employment with any employer whom you were employed with at the time of the Subject Accident, or if you were driving a vehicle owned by any such employer, state the name, address, and phone number of any such employer.

ANSWER:

INTERROGATORY NO. 11:

State whether you consumed any intoxicating beverages or controlled substances within 24 hours prior to the Subject Accident and, if so, specify the type of beverage or controlled substance, the quantity consumed, the time and place where same was consumed, and the identity and address of each person who was present when the beverage and controlled substance was consumed.

ANSWER:

INTERROGATORY NO. 12:

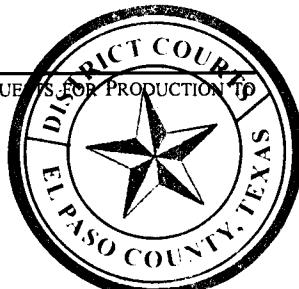
Please identify all of your employers for the previous ten years by stating the name, address, and telephone number of the employer, the name of your immediate supervisor, a brief description of the nature of your duties, and beginning and ending dates of employment with same. Please make an indication for the employer(s) you were acting within the course and scope of your employment with at the time of the Subject Accident, if applicable.

ANSWER:

INTERROGATORY NO. 13:

Please state any and all addresses you have lived at for the previous ten years.

ANSWER:



INTERROGATORY NO. 14:

Please state whether you have ever been involved in any other motor vehicle collisions at a time when you were the operator of an involved motor vehicle, exclusive of the Subject Accident, and, if so, the date of such collision, whether any claims or civil actions for personal injuries arose out of such collision and the disposition of such claims or civil actions.

ANSWER:

INTERROGATORY NO. 15:

Please state your educational background including all post-elementary school institutions attended, the dates of such attendance and any degrees, diplomas or citations earned.

ANSWER:

INTERROGATORY NO. 16:

Please state all medications that you had consumed during the two months prior to the Subject Accident, state the dates of consumption, the dosage consumed and the state whether you were taking such medication pursuant to a prescription.

ANSWER:

INTERROGATORY NO. 17:

Please state the name and address of any and all health care providers, including optometrists or ophthalmologists, of whom you have been a patient for the ten years preceding the Subject Accident.

ANSWER:

INTERROGATORY NO. 18:

Briefly describe the damage that was done to the vehicle you were operating at the time of the Subject Accident and identify the total charges of the cost of repairs to that vehicle.

ANSWER:

INTERROGATORY NO. 19:

State your contentions as to how the Subject Accident occurred. If you contend that there was any negligence in connection to the Subject Accident attributable to Plaintiff, please identify any such acts or omissions on his part.

ANSWER:



INTERROGATORY NO. 20:

If you contend that Plaintiff was negligent at the time of the Subject Accident, and that such negligence was a contributing or proximate cause of the Subject Accident, please identify the actions or omissions committed by Plaintiff that you contend were negligent and caused or contributed to cause the Subject Accident. You may attach all descriptive aids as you deem necessary to clarify your answer.

Answer:

INTERROGATORY NO. 21:

Please describe any physical pain, injury, or mental anguish you experienced in connection with the Subject Accident. If you reported any of these conditions to your employer at the time of the Subject Accident, please so state. If you missed any work as a result of these conditions, please so state.

ANSWER:

INTERROGATORY NO. 22:

In the event your company's written policies regarding the hours of service are different from Title 49 CFR Chapter III, Subtitle B, Part 395, please state verbatim your company's written policies regarding the hours of service of your drivers. In lieu thereof, simply attaching these written policies to your answers is sufficient.

ANSWER:

INTERROGATORY NO. 23:

With respect to the hours of service records and the entries as they are recorded therein for the forty-eight-hour-period immediately preceding the Subject Accident, for each change in duty status of you (e.g., driving, resting, off-duty, etc.), please state the time of day, and the effective status of duty for you. In lieu thereof, produce the hours of service records for the forty-eight hour period immediately preceding the Subject Accident.

ANSWER:

INTERROGATORY NO. 24:

Describe any negative employment-related actions taken against you by your employer in connection with the Subject Accident.

ANSWER:



INTERROGATORY NO. 25:

Please state the number of citations you have received in connection with violations of 49 CFR Chapter III, Subtitle B, Part 395 - hours of service of drivers, since the date of the start of your performing driving services on your employer's behalf continuing up to either the date of your termination of driving services on your employer's behalf, if applicable, or present date.

ANSWER:

INTERROGATORY NO. 26:

Since the date of the Subject Accident, have you complained about any physical pain and suffering, or mental anguish to your employer or its compensation carrier? If so, please identify the date the complaint(s) first occurred, how many times you have complained of same, and state whether you have been given any time off from work in connection with said complaints.

ANSWER:

INTERROGATORY NO. 27:

Did you file for workers compensation in connection with the Subject Accident? If so, please state the date you went on workers compensation, the duration of workers compensation (if it is continuing, please so state), and when you are anticipated to return to work.

ANSWER:

REQUESTS FOR DISCLOSURE

Pursuant to TEXAS RULES OF CIVIL PROCEDURE, you are requested to disclose the information set out within §194.2, subsections (A) through (L).

REQUESTS FOR ADMISSIONS

REQUEST FOR ADMISSION No. 1:

You have been sued by your correct name.

RESPONSE:

REQUEST FOR ADMISSION No. 2:

You have been sued in the correct capacity.

RESPONSE:



REQUEST FOR ADMISSION No. 3:

Venue is proper in the county in which the Petition was filed.

RESPONSE:

REQUEST FOR ADMISSION No. 4:

This Court has proper jurisdiction for all matters brought to issue by the Petition.

RESPONSE:

REQUEST FOR ADMISSION No. 5:

You had liability automobile insurance at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 6:

You were at least 50% at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 7:

You were 100% at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 8:

You were issued one or more citations in connection with the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 9:

You were issued a citation for causing the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 10:

You plead guilty to a citation for causing the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION NO. 11:

You have verbally admitted fault for causing the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 12:

You exceeded the speed limit within sixty seconds before the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 13:

You saw Plaintiff's vehicle prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 14:

You were aware of the location of Plaintiff's vehicle prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 15:

You were injured as a result of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 16:

You plan on seeking compensation for personal injuries and/or property damage arising from the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 17:

You are not asserting Plaintiff is at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 18:

You did not see Plaintiff's vehicle prior to the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION NO. 19:

You were using a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 20:

You consumed prescription drugs within 24 hours before the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 21:

You consumed illegal drugs within 24 hours before the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 22:

Your driver's license has been suspended or revoked in any State prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 23:

You have been arrested or convicted of a DWI or DUI prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 24:

You have been at fault for causing an automobile accident prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 25:

The road conditions did not cause the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 26:

The Subject Accident did not occur as a result of a sudden emergency.

RESPONSE:



REQUEST FOR ADMISSION No. 27:

You had a suspended drivers license at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 28:

You had a revoked drivers license at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 29:

You had permission to drive the vehicle you were driving at the time of the Subject Accident from the owner of the vehicle.

RESPONSE:

REQUEST FOR ADMISSION No. 30:

You were acting within the course and scope of your employment at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 31:

You filed a workers compensation claim as a result of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 32:

You or your spouse owned a cell phone and/or were in possession of a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 33:

One of the passengers in the vehicle with you at the time of the Subject Accident was using a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 34:

A cell phone was in use in your vehicle at the time of the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION No. 35:

A cell phone was in the vehicle at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 36:

You were familiar with the area where the Subject Accident occurred.

RESPONSE:

REQUEST FOR ADMISSION No. 37:

You were hauling goods or merchandise for your employer at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 38:

At the time of the Subject Accident, you were returning from a delivery for your employer at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 39:

Your employer at the time of the Subject Accident is a party to this lawsuit.

RESPONSE:

REQUEST FOR ADMISSION No. 40:

You kept andr maintained an hours of service records book at the time of the accident.

RESPONSE:

REQUEST FOR ADMISSION No. 41:

The hours of service records, in their original form at the time of the Subject Accident, contain no false information.

RESPONSE:

REQUEST FOR ADMISSION No. 42:

Since the date of the Subject Accident, the hours of service records for the date of the Subject Accident have been altered.

RESPONSE:



REQUEST FOR ADMISSION NO. 43:

You were accompanied by a co-driver at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 44:

You have identified your co-driver in your response to Request for Disclosure §194.2(e)

RESPONSE:

REQUEST FOR ADMISSION NO. 45:

At the time of the Subject Accident, you were required by your employer to maintain hours of service records.

RESPONSE:

REQUEST FOR ADMISSION NO. 46:

You kept an hours of service record at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 47:

You are in possession of the hours of service records for the date of the Subject Accident..

RESPONSE:

REQUEST FOR ADMISSION NO. 48:

You are or should be in possession of the hours of service records for the date of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 49:

The hours of service records for the date of the Subject Accident contains no false information.

RESPONSE:



REQUEST FOR ADMISSION NO. 50:

The hours of service records for the date of the Subject Accident contains entries that document violations of laws, company policies, rules, or regulations in relation to maximum driving time within a 24-hour period, maximum driving distance within a 24-hour period, or maximum time allowed to drive without rest.

RESPONSE:

REQUEST FOR ADMISSION NO. 51:

You caused the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 52:

The Subject Accident is documented in the hours of service records for the date of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 53:

It is your contention you are at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 54:

You are in possession of documents that suggest you caused, or contributed to cause the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 55:

You and your employer have discussed the Subject Accident prior to litigation in this case.

RESPONSE:

REQUEST FOR ADMISSION NO. 56:

You had insurance under which you were a "covered person" at the time of the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION NO. 57:

You are periodically tested for alcohol in your system by your employer.

RESPONSE:

REQUEST FOR ADMISSION NO. 58:

You are periodically tested for illegal drugs in your system by your employer.

RESPONSE:

REQUEST FOR ADMISSION NO. 59:

You have failed one or more tests for the presence of alcohol since the time your employment began with your employer.

RESPONSE:

REQUEST FOR ADMISSION NO. 60:

You have failed one or more tests for the presence of illegal drugs since the time your employment began with your employer.

RESPONSE:

REQUEST FOR ADMISSION NO. 61:

You were tested for the presence of drugs and alcohol within 12 hours prior to or subsequent to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 62:

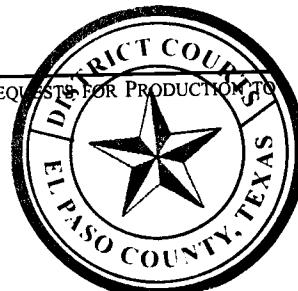
You were tested for the presence of drugs and alcohol within two days prior to or subsequent to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 63:

You tested positive for the presence of alcohol or illegal drugs on the test immediately prior or subsequent to the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION No. 64:

You complained of physical pain and/or mental anguish in connection with the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 65:

You were given time off of work to recover from injuries and/or mental anguish arising from the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 66:

Following the Subject Accident, your employment have been terminated voluntarily by you.

RESPONSE:

REQUEST FOR ADMISSION No. 67:

Following the Subject Accident, your employment has been terminated by your employer.

RESPONSE:

REQUEST FOR ADMISSION No. 68:

Your employer has policies, rules, or regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period.

RESPONSE:

REQUEST FOR ADMISSION No. 69:

Your employer has written policies, rules, and regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period.

RESPONSE:



REQUEST FOR ADMISSION NO. 70:

You have violated your employer's policies, rules, or regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period, since the date of the start of your employment.

RESPONSE:

REQUEST FOR ADMISSION No. 71:

You have reviewed Plaintiff's medical records and medical bills arising from the Subject Injuries.

RESPONSE:

REQUEST FOR ADMISSION No. 72:

You are not contesting the cause of the Subject Injuries.

RESPONSE:

REQUESTS FOR PRODUCTION

REQUEST FOR PRODUCTION No. 1:

True, correct, and complete photocopies of all Depositions upon Written Questions taken of any records custodian in connection with this lawsuit pursuant to Tex. R. Civ. P. Rule §200, together with any and all documents that were:

- (1) produced by the witness;
- (2) marked as exhibits to the deposition; or
- (3) provided to the witness by the deposition officer.

Please supplement your response to this request as necessary throughout the course of this lawsuit.

RESPONSE:

REQUEST FOR PRODUCTION No. 2:

All photographs or video footage of Plaintiff.

RESPONSE:

REQUEST FOR PRODUCTION No. 3:

Written notice of your intention to use any evidence of prior convictions of felonies or crimes of moral turpitude against Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

RESPONSE:



REQUEST FOR PRODUCTION NO. 4:

All evidence of prior convictions of felonies or crimes of moral turpitude relating to Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

RESPONSE:

REQUEST FOR PRODUCTION NO. 5:

The materials described by Tex. R. Civ. P. §192.3(e)(6) regarding any consulting experts of yours whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

RESPONSE:

REQUEST FOR PRODUCTION NO. 6:

Copy of the front and back of your driver's license.

RESPONSE:

REQUEST FOR PRODUCTION NO. 7:

Copy of the title to the vehicle that you were driving at the time of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 8:

Any and all photographs or videotapes you have of the vehicles, the parties involved in this case and the scene in question at the time of or following the collision.

RESPONSE:

REQUEST FOR PRODUCTION NO. 9:

A copy of any damage appraisal of your vehicle.

RESPONSE:



REQUEST FOR PRODUCTION NO. 10:

Any and all insurance agreement policies, whether basic, umbrella or excess, under which any person or entity carrying on an insurance business may be liable to satisfy part or all of a judgment that may be rendered in this action or to indemnify or reimburse for payments made to satisfy the judgment. If any of these policies is an aggregate limits policy, and claims applicable to the aggregate limit have been made, please attach copies of all correspondence relating to such claims, and, if payments have been made that are chargeable to the aggregate limit, please attach copies of all checks, drafts, or other instruments reflecting such payments, receipts reflecting such payment and any agreements, including releases, relating to such payments. Further, if any person carrying on an insurance business has reserved his/her/its rights relative to the incident giving rise to this case, please provide all correspondence relating to such reservation of rights.

RESPONSE:

REQUEST FOR PRODUCTION NO. 11:

Any photographs, video tapes, drawings, maps, diagrams, graphs, sketches or other graphic representations of the accident, the scene of the accident, the motor vehicles involved in the accident or of the Plaintiff.

RESPONSE:

REQUEST FOR PRODUCTION NO. 12:

Copies of any and all (oral, written, or transcribed) statements from any person with knowledge of relevant facts referenced in Plaintiff's Petition. This request includes any statements that would be exempt from discovery under the work product privilege. In lieu of producing documents you may claim to be covered by the attorney client privilege, you are hereby requested to submit same for incamera inspection.

RESPONSE:

REQUEST FOR PRODUCTION NO. 13:

Copies of all reports created by a local, state, or federal governmental agency prepared in conjunction with or as a result of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 14:

A copy of any document that you will proffer as evidence at the trial of this case. This does not include rebuttal evidence, the use of which cannot be reasonably anticipated before trial.

RESPONSE:



REQUEST FOR PRODUCTION NO. 15:

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 16:

Any and all local, state, or federal governmental agency document indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 17:

The cell phone records for the date of the accident, for any cell phone in your vehicle that would either tend to prove or tend to disprove that a cell phone was in use in your vehicle at the time of the accident. This request should not be construed as a request into the substance or subject matter of any communications.

RESPONSE:

REQUEST FOR PRODUCTION NO. 18:

Any documents you would introduce at trial to show that the Subject Accident occurred as a result of a sudden emergency.

RESPONSE:

REQUEST FOR PRODUCTION NO. 19:

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries do not exist.

RESPONSE:

REQUEST FOR PRODUCTION NO. 20:

Any and all local, state, or federal governmental agency document indicating the Subject Injuries do not exist.

RESPONSE:



REQUEST FOR PRODUCTION No. 21:

A true and correct copy of the hours of service records for the month in which the Subject Accident occurred.

RESPONSE:

REQUEST FOR PRODUCTION No. 22:

True and correct copies of any citations you have received within 5 years preceding the Subject Accident while performing in the course and scope of your employment with your employer at the time of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION No. 23:

Complete and clearly readable copies of all trip or operational documents (refer to Definitions and Instructions) pertaining to the movement of cargo by you or your co-driver for the period of time beginning one month prior to the date of the Subject Accident and ending on the date of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION No. 24:

Produce your DOT audits for the preceding two years and the audit for the year in which the subject accident occurred.

RESPONSE:

REQUEST FOR PRODUCTION No. 25:

Produce your safety ratings for the preceding two years and the audit for the year in which the subject accident occurred.

RESPONSE:

REQUEST FOR PRODUCTION No. 26:

Complete and clearly readable copies of your driver's personnel file (refer to Definitions and Instructions), or any otherwise titled files on you in reference to services performed for you by you, from initial contract or employment with you to the present date.

RESPONSE:



REQUEST FOR PRODUCTION No. 27:

Complete and clearly readable copies of any state or FOMCSFO (refer to Definitions and Instructions) issued terminal audits, road equipment compliance inspections, driver compliance inspections, warnings of violations, or traffic citations issued in reference to the activities of you or your co-driver, by any city, county, state or federal agency or law enforcement official in your possession. This request specifically includes any documents issued by any governmental agency arising from the activities of you from the date of your initial employment to the present date.

RESPONSE:

REQUEST FOR PRODUCTION No. 28:

Complete and clearly readable copies of all objects, photographs, drawings, reports, statements or otherwise described documents or objects in your possession in reference to the Subject Accident excluding only those written documents, materials and objects that can be clearly identified as the work product of the defendant's attorneys. This specifically includes any and all reports and written or electronically recorded statements made by any of the defendants to any other person, organization or governmental entity.

RESPONSE:

REQUEST FOR PRODUCTION No. 29:

Complete and clearly readable copies of any and all accident files and records (refer to Definitions and Instructions) maintained by you or your employer in reference to any vehicular accident, or accident, prior to the occurrence of the Subject Accident wherein you or your co-driver or driver-trainer were involved.

RESPONSE:

REQUEST FOR PRODUCTION No. 30:

Complete and clearly readable copies of all hours of service records created by you or your co-driver, for the period of time beginning one month prior to the date of the Subject Accident and ending on the date of the Subject Accident, that are in your possession.

RESPONSE:

REQUEST FOR PRODUCTION No. 31:

Complete and clearly readable copies of any and all notices, directives, bulletins, publications, or otherwise company-distributed manuals of any type relating to the day-to-day motor carrier operating and safety procedures given to you by your employer, to be followed by you, in existence and effective in your employer's company on the date of the Subject Accident.

RESPONSE:



REQUEST FOR PRODUCTION NO. 32:

Complete and clearly readable copies of any and all created electronic or satellite "vehicular movement recording" data or records created with QualComm, HighwayMaster, American Mobile Satellite Corp.'s devices, or such other similar technology, where such documents are indicative of the geographical locations of the truck, during the period of time beginning one month prior to the Subject Accident and ending on the date of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 33:

All documents reflecting or relating to written driving examinations taken by you.

RESPONSE:

REQUEST FOR PRODUCTION NO. 34:

Training videos or other materials used for the training of your company's drivers within the last five (5) years.

RESPONSE:

REQUEST FOR PRODUCTION NO. 35:

Training videos or other material that was used during your training with your employer. If the responsive material is identical to the material that is responsive to the preceding request, please so state in your response.

RESPONSE:

REQUEST FOR PRODUCTION NO. 36:

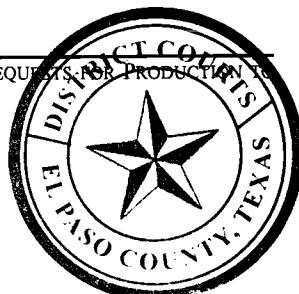
Equipment-related documents for the tractor required by 49 C.F.R. Chapter III, Subtitle B, Part 376 for the last year.

RESPONSE:

REQUEST FOR PRODUCTION NO. 37:

All photographs, drawings, diagrams, records of measurements and other depictions and documents reflecting the scene of the occurrence in question and vehicles involved.

RESPONSE:



REQUEST FOR PRODUCTION No. 38:

All reports, memos, correspondence, notes, telephone messages, voice mail recordings, e-mail, and other communications among or between you and other third parties from the time of the Subject Accident until the collection of specimens from you for alcohol and controlled substances testing, only to the extent such communications were concerning the condition, whereabouts, activities, testing and other circumstances concerning you. This request does not seek communications protected by the attorney-client privilege.

RESPONSE:

REQUEST FOR PRODUCTION No. 39:

All documents reviewed, prepared, or otherwise utilized in connection with any internal analysis or investigation into the Subject Accident, only to the extent that the analysis was conducted pursuant to your internal safety policies (i.e., this request does not seek the results of investigations conducted by your attorney in preparation of litigation).

RESPONSE:

REQUEST FOR PRODUCTION No. 40:

All documents reviewed, prepared, or otherwise utilized in connection with any internal analysis or investigation into the “vehicle cause and prevention” of all collisions involving your vehicles or drivers over the last ten (10) years.

RESPONSE:

REQUEST FOR PRODUCTION No. 41:

All “maintenance files and records” for the tractor and trailer that was driven by you on the date of the Subject Accident, for the period from its original purchase or lease by you, regardless of from whom it was obtained, through the present.

RESPONSE:

REQUEST FOR PRODUCTION No. 42:

All lease agreements, use agreements, employment agreements, or other agreements relating to the tractor, trailer or you.

RESPONSE:

REQUEST FOR PRODUCTION No. 43:

The registration and title documents for the tractor and trailer.

RESPONSE:



REQUEST FOR PRODUCTION NO. 44:

All documents relating to the U.S. Department of Transportation surveys and audits conducted on, for, or against you or your employer for the last ten (10) years.

RESPONSE:

REQUEST FOR PRODUCTION NO. 45:

The tractor.

RESPONSE:

REQUEST FOR PRODUCTION NO. 46:

The trailer.

RESPONSE:

Respectfully Submitted,

JAMES KENNEDY, P.L.L.C.
6216 Gateway Blvd. East
El Paso, Texas 79905
(915) 544-5200
FAX (915) 532-2423

By: /s/ James Kennedy
JAMES B. KENNEDY, JR.
State Bar No.: 00791014

PLAINTIFF'S INTERROGATORIES, REQUESTS FOR DISCLOSURE, REQUESTS FOR ADMISSION AND REQUESTS FOR PRODUCTION TO
DEFENDANT TRIGO EXPRESS LLC
PAGE 29 OF 29

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk
BY Deputy

NOV 21 2017



**IN THE 327TH JUDICIAL DISTRICT COURT
EL PASO COUNTY, TEXAS**

MIGUEL A. MARES,

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this lawsuit occurred in El Paso County, Texas.

FACTS

1. On or about February 23, 2016, Defendant Nguyen Huu Nguyen while acting in the course and scope of his employment/agency/joint venture/joint enterprise/partnership with Defendant Trigo Express, LLC, negligently caused struck Plaintiff with an 18-wheeler tractor-trailer, which resulted in severe injuries and damages to Plaintiff (hereinafter "subject accident").
2. The negligence of Trigo Express LLC is alleged more fully below.
3. The subject accident was the proximate cause of the injuries and damages sustained by Plaintiff, which are set forth more fully below.

CAUSE OF ACTION

1. DEFENDANT NGUYEN HUU NGUYEN proximately caused the subject accident by ways including, but not limited to, the following when he:
 - (a) Failed to use the due care and caution of an ordinary and prudent person in the same or similar circumstances;
 - (b) Failed to take proper evasive action;
 - (c) Failed to keep a proper look-out;
 - (d) Moved the vehicle when it was clearly unsafe and dangerous to do so, which constitutes negligence *per se*, (V.T.C.A., Transp. Code §545.060); and
 - (e) Committed other negligent acts and omissions to be determined during the course of discovery.
2. The above referenced acts and omissions, whether taken singularly or in concert, constitute a direct and proximate cause of the injuries and damages sustained by Plaintiff. Furthermore, this conduct violates the Transportation Code of Texas as specified above,

PLAINTIFF'S FIRST AMENDED PETITION



which constitutes negligence *per se*.

3. Nguyen Huu Nguyen was operating his vehicle as an employee, agent, servant, partner, joint venture Defendant Trigo Express, LLC.

4. At the time of the subject incident, Nguyen Huu Nguyen was acting in the course and scope of his employment/agency/joint-venture/joint-enterprise/partnership with Defendant Trigo Express, LLC.

5. Alternatively, Nguyen Huu Nguyen was on a mission for Defendant Trigo Express LLC at the time of the subject incident.

6. Defendant Trigo Express, LLC is also individually liable for the negligent hiring, training, supervision, and retention of Nguyen Huu Nguyen. Under Texas law, claims of negligent hiring/training/supervision/retention are considered unique causes of action that are independent of the *respondeat superior* doctrine. *Dieter v. Baker Serv. Tools, A Div. of Baker Intern, Inc.*, 7396 S.W.2d 405, 408 (Tex.App.-Corpus Christi 1987, writ denied).

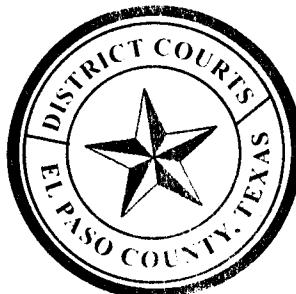
7. Defendant Trigo Express LLC knowingly caused a motor vehicle to be operated by an unlicensed and unskilled driver, which violates Texas Transportation Code §521.458 and constitutes negligence which was a proximate cause of the occurrence in question.

8. The above-mentioned violation of the Texas Transportation Code also constitutes negligence *per se*.

9. Defendant Trigo Express, LLC negligently entrusted her vehicle to Nguyen Huu Nguyen after it knew, or should have known that Nguyen Huu Nguyen was an unlicensed, incompetent, and/or reckless driver, and Nguyen Huu Nguyen negligently and proximately caused the subject incident.

10. The above referenced acts and omissions, whether taken singularly or in concert, constitute a direct and proximate cause of the injuries and damages sustained by Plaintiff.

PLAINTIFF'S FIRST AMENDED PETITION



DAMAGES

1. As a direct and proximate result of the negligent acts as described above, PLAINTIFF MIGUEL MARES suffered:
 - (a) Physical pain and suffering and mental anguish, past and future;
 - (b) Physical impairment and disfigurement, past and future;
 - (c) Reasonable and necessary medical expenses, past and future;
 - (d) Lost wages and/or loss of wage earning capacity; and
 - (e) Other damages;

2. PLAINTIFF MIGUEL MARES seeks compensation in whatever amount the Jury determines to be fair and reasonable based upon the evidence, and in an amount that is within the jurisdictional limits of this Court over \$200,000 but not more than \$1,000,000.

JURY REQUEST

Plaintiff requests a Trial by Jury on all issues as set forth herein above.

REQUESTS FOR DISCLOSURE

Pursuant to Rule 194, Defendants are requested to disclose within the time period set forth in Rule 194.3 the information or material described in Rule 194.2(a)-194.2(l).

TRCP 193.7 NOTICE

This paragraph serves as notice under Tex. R. Civ. P. 193.7 that documents produced in response to written discovery requests served by plaintiff will be used against the producing party in any pretrial proceeding and/or trial.

PRAYER

WHEREFORE, PREMISES CONSIDERED, Plaintiff respectfully requests that Defendant Nguyen Huu Nguyen and Trigo Express LLC, be cited to appear and answer, and that on final trial, judgment be entered against Defendant for all relief requested as follows:

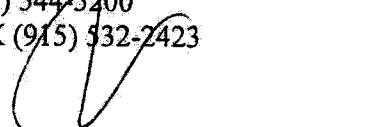
PLAINTIFF'S FIRST AMENDED PETITION



1. Judgment against Defendant for actual damages in an amount that is within the jurisdictional limits of this Court over \$200,000 but not more than \$1,000,000;
2. Pre and post-judgment interest, as described by law, until paid;
3. Costs of suit;
4. Such other and further relief, general and special, at law or at equity, to which Plaintiff may be justly entitled.

Respectfully Submitted,

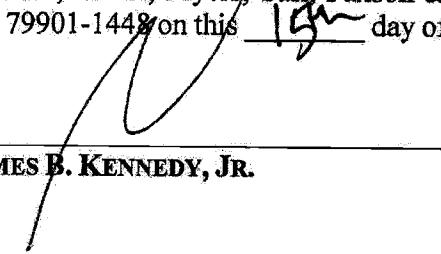
JAMES KENNEDY, P.L.L.C.
6216 Gateway Blvd. East,
El Paso, Texas 79905
(915) 544-5200
FAX (915) 532-2423

By: 

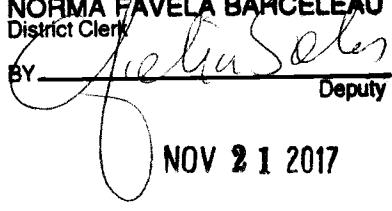
JAMES B. KENNEDY, JR.
State Bar No.: 00791014

CERTIFICATE OF SERVICE

I, James B. Kennedy, Jr., do hereby certify that a true and correct copy of the foregoing document was forwarded to Andres E. Almanzan at Mounce, Green, Myers, Safi, Paxson & Galatzan, PC, 100 North Stanton, Suite 1700, El Paso, TX 79901-1448 on this 15 day of November, 2017 via facsimile.

JAMES B. KENNEDY, JR. 

PLAINTIFF'S FIRST AMENDED PETITION

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk
BY  Deputy

NOV 21 2017



IN THE 327th JUDICIAL DISTRICT COURT
OF EL PASO COUNTY, TEXAS

MIGUEL A. MARES,

§

Plaintiff,

§

v.

Cause No. 2017DCV0917

NGUYEN HUU NGUYEN and UTILITY
TRAILER MANUFACTURING COMPANY,

§

Defendants.

§

DEFENDANT NGUYEN HUU NGUYEN'S ORIGINAL ANSWER

TO THE HONORABLE DISTRICT COURT:

COMES NOW, NGUYEN HUU NGUYEN, Co-Defendant herein ("Defendant"), and timely files this, his Original Answer in reply to the Original Petition filed by Plaintiff, Miguel A. Mares ("Plaintiff") in this cause and asserts as follows:

I.

General Denial

Pursuant to Rule 92 of the Texas Rules of Civil Procedure, this Defendant enters a General Denial Answer and places all of the matters pled by Plaintiff in this case in issue, demanding strict proof of all of Plaintiff's allegations made herein by a preponderance of the evidence as required by the Constitution and laws of the State of Texas.

II.

Defendant reserves the right to amend his Answer further, if necessary.

WHEREFORE, PREMISES CONSIDERED, Defendant, NGUYEN HUU NGUYEN prays to the Court that all relief requested by Plaintiff against him in this action be denied in its entirety, that Plaintiff take nothing by his claims asserted against this Defendant and that this



Defendant be allowed to go hence, without delay and with his costs taxed to Plaintiff and for such other and further relief, legal and equitable, general and special, to which Defendant is justly entitled.

Respectfully submitted,

**MOUNCE, GREEN, MYERS,
SAFI, PAXSON & GALATZAN**
A Professional Corporation
P. O. Box 1977
El Paso, Texas 79950-1977
(915) 532-2000
(915) 541-1597 (fax)
almanzan@mmsg.com
perez@mmsg.com

By:

Andy Almanzán

Andrés E. Almanzán
State Bar No. 24001643

Attorneys for Defendant
NGUYEN HUU NGUYEN

CERTIFICATE OF SERVICE

I, Andrés E. Almanzán, certify on this 8th day of November, 2017, the foregoing document was electronically filed with the Clerk of the Court using the electronic filing procedures action pursuant to the Court's Electronic Filing Procedures, which will electronically send notification of such filing to the following counsel of record at their respective e-mail addresses as follows: (james@epinjury.com) James B. Kennedy, Jr., James Kennedy, P.L.L.C., 6216 Gateway Blvd., East, El Paso, Texas 79905, Attorneys for Plaintiff.

Andy Almanzán

Andrés E. Almanzán

AALM/1331386

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk
BY *Jelia Sales* Deputy
Page 2

NOV 21 2017



IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS
327TH JUDICIAL DISTRICT

MIGUEL A. MARES

vs

Cause No. 2017DCV0917

NGUYEN HUU NGUYEN

ORDER SETTING HEARINGThe above reference case is SET as follows:

Date	Time	Description
11/06/2017	10:45 AM	Status Hearing

Dear Counsel:

The Court requires that counsel appear in person or that arrangements be made for local counsel to appear

If you do not show to court on the day of your hearing this case will be Dismissed For Want of Prosecution or pursuant to the Court's inherent power.

If the above reference case has already been settled, tried or dismissed, please notify my Court Coordinator (Estela Alarcon: (915) 546-2032) upon receipt of this order.

PLEASE BE ADVISED: By Standing Order in Civil Matters signed and entered by the Council of Judges, pursuant to the Texas Supreme Court Order mandating electronic filing of civil matters effective January 1, 2014: Parties shall provide a courtesy hard copy, MAILED, OR HAND-DELIVERED, to the court of motions, responses and pertinent supporting documents, no later than 7 working days before the hearing. Failure to comply with this order may result in cancellations of the hearing.

Signed on this the 7th day of August, 2017



LINDA Y. CHEW, Judge

IF YOU KNOW OF AN ATTORNEY INVOLVED IN THIS CASE AND NOT LISTED, PLEASE PROVIDE HIM/HER WITH A COPY OF THIS SETTING.

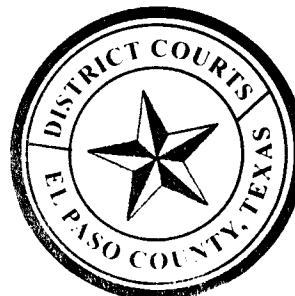
Fax:

JAMES B KENNEDY

915-532-2423

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk
BY  Deputy

NOV 21 2017



TRANSMISSION VERIFICATION REPORT

TIME : 08/07/2017 12:48
 NAME : 327DC
 FAX : 9155462131
 TEL : 9155462032
 SER. # : 000G1N908712

DATE, TIME	08/07 12:48
FAX NO. /NAME	95322423
DURATION	00:00:22
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

**IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS
 327TH JUDICIAL DISTRICT**

MIGUEL A. MARES

vs

Cause No. 2017DCV0917

NGUYEN HUU NGUYEN

ORDER SETTING HEARINGThe above reference case is SET as follows:

Date	Time	Description
11/06/2017	10:45 AM	Status Hearing

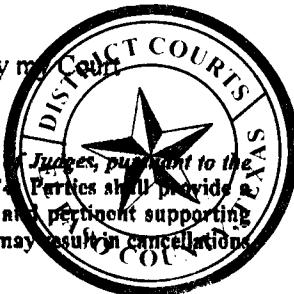
Dear Counsel:

The Court requires that counsel appear in person or that arrangements be made for local counsel to appear

**If you do not show to court on the day of your hearing this case will be Dismissed For Want of
 Prosecution or pursuant to the Court's inherent power.**

If the above reference case has already been settled, tried or dismissed, please notify my Coordinator (Estela Alarcon: (915) 546-2032) upon receipt of this order.

PLEASE BE ADVISED: By Standing Order in Civil Matters signed and entered by the Council of Judges, pursuant to the Texas Supreme Court Order mandating electronic filing of civil matters effective January 1, 2014. Parties shall provide a courtesy hard copy, MAILED, OR HAND-DELIVERED, to the court of motions, responses and pertinent supporting documents, no later than 7 working days before the hearing. Failure to comply with this order may result in cancellation of the hearing.



IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS
327TH JUDICIAL DISTRICT

MIGUEL A. MARES

vs

Cause No. 2017DCV0917

NGUYEN HUU NGUYEN; UTILITY
TRAILER MANUFACTURING COMPANY

FILED PARCELEAU
NORMA FAVELA BARCELEAU
DISTRICT CLERK
2017 JUN 30 PM 3:14
EL PASO COUNTY, TEXAS
BY DEPUTY *Estela Alarcon*

ORDER SETTING HEARING

The above reference case is SET as follows:

Date	Time	Description
08/07/2017	10:30 AM	Status Hearing

Dear Counsel:

The Court requires that counsel appear in person or that arrangements be made for local counsel to appear

If you do not show to court on the day of your hearing this case will be Dismissed For Want of Prosecution or pursuant to the Court's inherent power.

If the above reference case has already been settled, tried or dismissed, please notify my Court Coordinator (Estela Alarcon: (915) 546-2032) upon receipt of this order.

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Signed on this the 28th day of June, 2017

Linda Y. Chew
LINDA Y. CHEW, Judge

IF YOU KNOW OF AN ATTORNEY INVOLVED IN THIS CASE AND NOT LISTED, PLEASE PROVIDE HIM/HER WITH A COPY OF THIS SETTING.

Fax:

JAMES B KENNEDY

915-532-2423

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk
BY *Estela Alarcon* Deputy

NOV 21 2017



TRANSMISSION VERIFICATION REPORT

TIME : 06/29/2017 14:56
 NAME : 327DC
 FAX : 9155462131
 TEL : 9155462032
 SER. # : 000G1N908712

DATE, TIME	06/29 14:55
FAX NO./NAME	95322423
DURATION	00:00:16
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

**IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS
 327TH JUDICIAL DISTRICT**

MIGUEL A. MARES

vs

Cause No. 2017DCV0917

NGUYEN HUU NGUYEN; UTILITY
 TRAILER MANUFACTURING COMPANY

ORDER SETTING HEARING

The above reference case is SET as follows:

Date	Time	Description
08/07/2017	10:30 AM	Status Hearing

Dear Counsel:

The Court requires that counsel appear in person or that arrangements be made for local counsel to appear

**If you do not show to court on the day of your hearing this case will be Dismissed For want of
 Prosecution or pursuant to the Court's inherent power.**

If the above reference case has already been settled, tried or dismissed, please notify my Court
 Coordinator (Estela Alarcon: (915) 546-2032) upon receipt of this order.

**PLEASE BE ADVISED: By Standing Order in Civil Matters signed and entered by the Council of Judges pursuant to the
 Texas Supreme Court Order mandating electronic filing of civil matters effective January 1, 2014: Parties shall provide a
 courtesy hard copy, MAILED, OR HAND-DELIVERED, to the court of motions, responses and permanent supporting
 documents, no later than 7 working days before the hearing. Failure to comply with this order may result in cancellations
 of the hearing.**



**IN THE 327TH JUDICIAL DISTRICT COURT
EL PASO COUNTY, TEXAS**

FILED
NORMA FAVELA BARCELEAU
DISTRICT CLERK

2017 JUN 28 AM 11:12

EL PASO COUNTY, TEXAS

BY romero
PRINTED

MIGUEL A. MARES,

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PLAINTIFF,

vs.

§ CAUSE No.: 2017DCV0917

NGUYEN HUU NGUYEN AND UTILITY TRAILER MANUFACTURING COMPANY,

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DEFENDANT.

8

**ORDER OF NON-SUIT OF ALL CLAIMS AGAINST DEFENDANT UTILITY TRAILER
MANUFACTURING COMPANY WITHOUT PREJUDICE**

This matter having come before the Court by way of Plaintiff's Motion for Non-Suit of All Claims Without Prejudice Against Defendant Utility Trailer Manufacturing Company, the Court having read the motion and being otherwise fully advised in the premises:

It is hereby ORDERED that Plaintiff's Motion for Non-Suit of All Claims Without Prejudice Against Defendant Utility Trailer Manufacturing Company be granted and all relief specifically not granted shall otherwise be denied.

Signed this 28 day of June

PRESIDING JUDGE

JAMES KENNEDY, P.I.L.C.

6216 Gateway Blvd. East
El Paso, Texas 79905
(915) 544-5200
FAX (915) 532-2423

By:

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEA
District Clerk

~~JAMES B. KENNEDY, JR.~~
State Bar No.: 0079101

NOV 21 2017



El Paso County - 327th District Court

Filed 6/27/2017 8:09 AM
Norma Favela Barceleau
District Clerk
El Paso County
2017DCV0917

**IN THE 327TH JUDICIAL DISTRICT COURT
EL PASO COUNTY, TEXAS**

MIGUEL A. MARES,

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PLAINTIFF,

vs.

§ CAUSE No.: 2017DCV0917

NGUYEN HUU NGUYEN AND UTILITY TRAILER MANUFACTURING COMPANY,

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DEFENDANT.

**PLAINTIFF'S MOTION FOR NON-SUIT OF ALL CLAIMS WITHOUT PREJUDICE AGAINST
DEFENDANT UTILITY TRAILER MANUFACTURING COMPANY**

PLAINTIFF MIGUEL A. MARES gives written notice of his non-suit of all claims without prejudice in all capacities in which he filed suit against DEFENDANT UTILITY TRAILER MANUFACTURING COMPANY. Plaintiff further requests the Court to sign an Order of Non-Suit on all his claims against DEFENDANT UTILITY TRAILER MANUFACTURING COMPANY.

WHEREFORE, PLAINTIFF MIGUEL A. MARES requests the Court to take notice of this non-suit and enter in an Order as requested above.

Respectfully Submitted,

JAMES KENNEDY, P.L.L.C.
6216 Gateway Blvd. East
El Paso, Texas 79905
(915) 544-5200
FAX (915) 532-2423

By:

~~JAMES B. KENNEDY, JR.~~
State Bar No.: 00791014

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk

BY *Jellicee* Deputy

NOV 21 2017



El Paso County - 327th District Court

Filed 4/10/2017 8:46:15 AM
Norma Favela Barceleau
District Clerk
El Paso County
2017DCV0917

**IN THE 327TH JUDICIAL DISTRICT COURT
EL PASO COUNTY, TEXAS**

MIGUEL A. MARES,

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PLAINTIFF,

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**NGUYEN HUU NGUYEN AND UTILITY
TRAILER MANUFACTURING COMPANY,**

CAUSE No.: 2017DCV0917

DEFENDANT.

38

**PLAINTIFF'S NOTICE OF FILING REDACTED MEDICAL RECORDS OF MIGUEL MARES
FROM EL PASO DAY SURGERY**

TO THE HONORABLE JUDGE OF SAID COURT:

Now Comes MIGUEL MARES, Plaintiff, by and through his attorney of record, James B. Kennedy, Jr. of James Kennedy, P.L.L.C. at 6216 Gateway Blvd. East, El Paso, Texas 79905, and hereby file the attached affidavit of Medical Records from *El Paso Day Surgery* for use as evidence in this case. This affidavit is made by **Lizbeth Sotelo**, an employee of *El Paso Day Surgery*.



Respectfully Submitted,

JAMES KENNEDY, P.L.L.C.
6216 Gateway Blvd. East
El Paso, Texas 79905
(915) 544-5200
FAX (915) 532-2423

By: _____

JAMES B. KENNEDY, JR.
State Bar: 00791014

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk
BY *Norma Soto* Deputy

NOV 21 2017



AFFIDAVIT FOR MEDICAL RECORDS
PURSUANT TO RULE 902(10)(b)
OF THE TEXAS RULES OF EVIDENCE

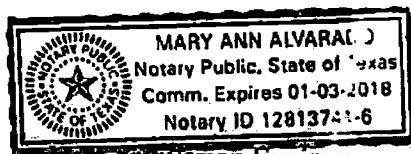
BEFORE ME, the undersigned on this day personally appeared Lizbeth Sotelo who, after being by me duly sworn, upon oath said:

"My name is Lizbeth Sotelo I am of sound mind and capable of making this affidavit.

"I am the custodian of the records for El Paso Day Surgery. Attached hereto are 80 page(s) of records regarding Miguel Mares. These said 80 page(s) are kept by El Paso Day Surgery in the regular course of business and it was in the regular course of business of El Paso Day Surgery for an employee or representative of El Paso Day Surgery with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record, and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original"

Lizbeth Sotelo
 AFFIANT

SUBSCRIBED AND SWORN to, before me, on this the 9 day of Dec, 2016.



My Commission Expires:

1/3/2018

M
 NOTARY in and for
 the STATE of TEXAS



EL PASO DAY SURGERY
1300 MURCHISON DR., SUITE 200
EL PASO, TX 79902

OPERATIVE REPORT

PATIENT NAME: MARES, MIGUEL
DATE OF SURGERY: 07/27/16
PATIENT MRN#: 24427
DATE OF BIRTH: [REDACTED]
PHYSICIAN: Terren Klein, M.D.

PREOPERATIVE DIAGNOSIS: Torn right rotator cuff.

POSTOPERATIVE DIAGNOSIS: Torn right rotator cuff.

PROCEDURE PERFORMED: Repair of right rotator cuff tendon.

ASSISTANT: Alex Cordova, Certified First Assistant

ANESTHESIA: General endotracheal with interscalene block.

ANESTHESIOLOGIST: Helena V. Latif, M.D.

ESTIMATED BLOOD LOSS: Less than 30 mL.

COMPLICATIONS: None.

DISPOSITION: The patient went to recovery room in stable condition.

INDICATIONS FOR PROCEDURE: This is a 59-year-old gentleman who injured his right shoulder on February 23, 2016, when he was setting up the spare tire on the back of trailer. He began having pain to the shoulder. The patient underwent therapy, injection, and medications; however, he is continued to experience pain. I explained to him the diagnosis, treatment plan, risks, benefits, potential complications, and alternatives of the surgery as well as risks and benefits of alternatives. After all questions were answered, informed consent was obtained.

DESCRIPTION OF PROCEDURE: The patient came to the operating room and received 1 gram of Ancef IV and underwent interscalene block and underwent general anesthesia. The right shoulder and upper extremity was steriley scrubbed and draped in the usual manner. An incision was made along the anterior aspect of the shoulder. Dissection through the skin and subcutaneous tissue was carried out. The deltoid muscle was split from the anterior acromion distally about 4 cm. Under this, the acromion was noted to be significantly thickened down sloping and impinging upon the underneath tendon and acromioplasty was performed flattening off the underneath aspect and removing any body debris. Saline was used to flush out the joint. There was noted to be tearing of the tendon from the greater tuberosity with no retraction. The edges were debrided. A rasp was used to roughen up the bone bed and then one bioabsorbable interference screw was placed into the bone and then, the tendon was tied back into the bone. Excellent repair was achieved. The shoulder had great range of motion with no impingement.

TK/SV/Downloads/ST-19404799
D: 07/27/16 08:33 A CST
T: 07/28/16 09:13 A CST

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN | Section OpReport Page 1



RE: MARES, MIGUEL
OPERATIVE REPORT
PAGE 2

The deltoid muscle was then repaired with drill holes into the acromion and then, the wound was closed in layers. The patient was awoken and brought to the recovery room in stable condition. At which time, the family was informed of the intraoperative events. He was placed in a shoulder brace.

Terren Klein, M.D.

TK/SN/andovat053/F57-19404799
D: 07/27/16 08:33 A CST
T: 07/28/16 09:13 A CST

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section OpReport Page 2



El Paso Day Surgery, LLC

Order Sheet for Controlled Substances

Date: 7/17/16OR# 2

NAME: MARES, MIGUEL A

ACT# 24427

DOB:

AGE: 59

DR: KLEIN, TERREN D MD

DOS: 07/27/16

Medications	RX#1		RX#2		Time:		
	Ordered	Delivered	Ordered	Delivered	Returned	Used	Wasted
Alfenta 1000mcg/2ml							
Alfesta 500 mcg/5ml							
Cocaine 4% / 4ml							
Diazepam 10mg/2ml (Valium)							
Hydromorphone 2mg/ml (Dilaudid)	<u>2mg</u>	<u>2mg</u>			<u>0.75mg</u>	<u>1.75g</u>	
Duramorph 10mg/10ml							
Fentanyl 100 mcg/2ml (Sublimaze)							
Fentanyl 250mcg/5ml (Sublimaze)	<u>5ml</u>	<u>5ml</u>			<u>3ml</u>	<u>2ml</u>	
Meperidine 25mg (Demerol)							
Meperidine 50mg (Demerol)							
Meperidine 100mg (Demerol)							
Midazolam 2mg/2 ml	<u>2ml</u>	<u>2ml</u>			<u>2ml</u>		
Midazolam 5mg/1ml							
Midazolam 10mg/1ml							
Morphine 2mg							
Morphine 4mg							
Morphine 10 mg							
Safestanti 100 mcg/2ml (Safesta)							
Thiopental 500 mg/20ml							
	Signature required attesting to ordering and delivering		Signature required attesting to ordering and delivering		Signature required attesting to ordering and delivering		
	MD/CRNA: <u>Alfonso Lopez MD</u>		MD/CRNA: <u>Alfonso Lopez MD</u>		MD/CRNA: <u>Alfonso Lopez MD</u>		
	Name: <u>Alfonso Lopez</u>		Name: <u>Alfonso Lopez</u>		Name: <u>Alfonso Lopez</u>		

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: Gender: Male
 Physician: KLEIN, TERREN Section Scanned Doc Page 1





Ph: (888) 412-8087 • Fax: (888) 522-0355
Medvantage • 1733 South 1100 East • Salt Lake City, UT 84103

**PATIENT DIRECT AGREEMENT,
DVT PREVENTION SYSTEM**

PLEASE COMPLETE ALL ITEMS IN YELLOW

Letter of Medical Necessity//Assignment of Benefits

Items Provided to Patient by Medvantage

90: Intermittent Pneumatic Compression Device and All Accessories

NAME: MARES, MIGUEL A.

ACT# 24427

DOB: 03/03/1957

DR: KLEIN, TERREN D MD

DOS: 07/27/16

11012011
REV 3050

CKER OR
or Here.
NOT NAME WITH NATIONAL BILLER'S DATE

1 VENAFLOW ELITE FOAM CALF CUFF

(1) Assignment of Benefits (AOB) and Authorization to Release Information

I understand that signing this form authorizes Medvantage and/or billing attorney (AOB) to submit claims directly on my behalf to my insurance company or other health or medical plan. I also understand that signing this form authorizes (AOB) my right to payment of any and all benefits of medical benefits for the items described above. This means Medvantage (AOB) will receive direct payment for these items. I understand that signing this form authorizes (AOB) to acquire from the surgery center and to release to my insurance carrier and any other payor of medical plans, any information necessary to process this or related medical claim. I agree Medvantage (AOB) may contact me for any additional information necessary to process this claim. I understand that after my surgery I will receive an Explanation of Benefits (EOB) document from my health insurance company which explains how the insurance company processed a claim for products / services by Medvantage (AOB). Further, I understand that the EOB is not a bill of invoice, and I have read and understood the information be the back of this form. I agree should I have questions regarding the application of EOB that I go to Medvantage (AOB) and not the surgery center or physician for information. If I receive a check from my insurance carrier for this service, I agree to endorse and forward it to Medvantage (AOB) and not the surgery center or physician at 1733 South 1100 East Suite 201 Salt Lake City, UT 84103.

X *Miguel A. Mares*

7/27/16

Signature of Patient / Responsible Party Representative

Date

1 Point Risk Factors

- Age 41-60 years
- Minor Surgery planned
- History of prior Major Surgery
- Varicose Veins
- History of inflammatory bowel disease
- Smoker (smokes currently)
- Obesity (BMI > 29)
- Acute Myocardial Infarction (<1 month)
- Congestive Heart Failure (<1 month)
- Sepsis (<1 month)
- Serious lung disease, including Pneumonia (<1 month)
- Abnormal Pulmonary Function (COPD)
- Medical patient currently at bed rest
- Leg Plaster Cast or Brace
- Use of Tourniquet
- General Anesthesia (>30 minutes)
- Oral Contraceptive or Hormone Replacement Therapy
- Pregnancy or Postpartum (<1 month)
- History of Unexplained Sudden Death
- Uncommon spontaneous abortion (<1)
- Premature birth with IUGR or growth restricted infant

2 Point Risk Factors

- Age 61-74 years
- Major Surgery (> 45 minutes)
- Arthroscopic Surgery
- Laparoscopic Surgery (> 45 minutes)
- Previous Malignancy
- Central Venous Access
- Morbid Obesity (BMI > 40)

3 Point Risk Factors

- Age 75 years and over
- Major Surgery lasting 2-3 hours
- BMI > 50 (Morbid Obesity)
- History of DVT/PE
- Family History of DVT/PE
- Present Cancer or Chemotherapy
- Positive Factor V Leiden
- Positive Prothrombin 2010A
- Elevated Serum Homocysteine
- Positive Lupus Anticoagulant
- Elevated Anticardiolipin Antibodies
- Heparin-Induced Thrombocytopenia (HIT)
- Other Thrombophilia

4 Point Risk Factors

- Elective Major Lower Extremity Arthroplasty
- Hip, Pelvis or Fracture (<1 month)
- Stroke (<1 month)
- Multiple Trauma
- Acute Spinal Cord Injury (Paralysis) (<1 month)
- Major Surgery lasting over 3 hours

Surgical Risk Factors

- Revision Surgery
- Extensive Surgical Detachment
- Previous Major Bleeding
- Difficult-to-Control Bleeding During Operative Procedure

TOTAL RISK FACTOR SCORE

High Risk: 3+ Points

Moderate Risk: 2 Points

Length of Need: 1 (Unit)

Due to this patient's risk for developing deep vein thrombosis, I am prescribing mechanical DVT prophylaxis because of the following:

- My patient has been prescribed anticoagulants, NSAIDs or other medication documented by pharmaceutical manufacturers to have contraindications with anticoagulants, causing major interactions including but not limited to allergic skin reactions and excess bleeding.
- My patient has been prescribed mechanical prophylaxis AND anticoagulants because of their level of risk.

Journal of the American Medical Association, Feb. 2012, Allergy 2001 Dec; 31 (12):1432-33, Cochrane Database of Systematic Reviews 2008, Issue 4, Epub ahead of print

Please Write ICD-10 Codes Here

2. Letter of Medical Necessity / Physician Statement

Deep Vein Thrombosis (DVT) is a significant risk factor for patients undergoing surgery and immobilized patients. Prevention of DVT is more effective than treatment and an important aspect of patient care, during and after surgery. I have assessed this patient's risk of developing DVT due to age, type of surgery, patient and family medical history, and other documented factors that may increase the risk of DVT. My assessment indicates the use of mechanical anticoagulation prophylaxis by pneumatic compression device and graduated gradient pressure stockings. It is my opinion this is clinically necessary and reasonable in accordance with accepted standards of practice and appropriate treatment of the patient.

X *Miguel A. Mares*

Printed Name / NPI

Date

1 up Copy Myself/2nd Copy Surgeon, Cancer 3rd Doctor Copy Patient



El Paso Day Surgery, LLC
Physician Admit Orders

PATIENT: MARES, MIGUEL A
 MRN: 0024427
 DOB: [REDACTED] AGE: 59
 PHYSICIAN: KLEIN, TERREN D MD
 DATE: 07/27/16

Allergies: NKA

1. Admit to El Paso Day Surgery
2. Diagnosis: Supraspinatus Tendon Tear Right Shoulder
3. Obtain Permit: Right Shoulder Rotator Cuff Repair

4. Lab work and diagnostic tests: N/A

EKG

ACCUCHECK

PREGNANCY TEST

5. IV Fluids: N/A

Lactated Ringers 1000 ml

Bolus of Lactated Ringers 1000 ml/2000 ml

Lactated Ringers 500 ml

D5LR 1000 ml

Normal Saline 500 ml

D51/2 Normal Saline 1000 ml

Heplock

6. Lab Work results: N/A

In Chart

7. Medications: N/A

Ancef 1 g IVPB

Mefoxin 1 g IVPB

Clindamycin 600 mg IVPB

Ancef 2 g IVPB

Mefoxin 2 g IVPB

Clindamycin 900 mg IVPB

Cipro 400 mg IVPB

Afrin nasal 2 sprays each nostril x1

Mydriacyl 1%, Phenylephrine 2.5%, Cyclopentolate 1% 1 eye drop q 5 minutes x3

MD Signature: [Signature]

Date: 7/27/16

Time: 0623

Give Versed _____ mg po in preop (Dosage 0.5mg/kg po max of 10 mg) N/A

V.O. _____

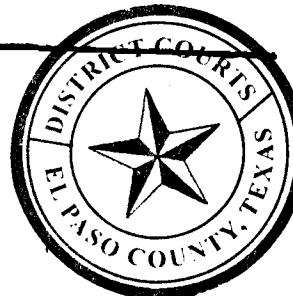
CRNA/MD

MD/CRNA Signature: [Signature]

Date: _____ Time: _____

Noted by RN: [Signature]

Date: 7/27/16 Time: 0600



HISTORY OF PRESENT ILLNESS

Patient Name: Miguel Mares
 Patient ID: 6013
 Sex: Male
 Birthdate: March 3, 1957

Create Date: July 27, 2016

Chief Complaint

- Right shoulder pain

History Of Present IllnessHISTORY AND PHYSICAL

This is a 60 year old Caucasian/White, Hispanic or Latino male who comes in complaining of a full rotator cuff tear of the right shoulder. The patient continues to complain of pain, is awakened at night, and pain with lifting. The patient has been through physical therapy, NSAIDS, pain medication, and steroid injections; however symptoms persist. Please refer to my EMR notes for further detail. This patient's condition originated from trauma, not work related 2-23-16 ago. He is admitted for rotator cuff repair.

Past Medical History

Disease Name	Date Onset	Notes
• No Significant Past Medical Hx	—	—
Lateral tear of shoulder, left, initial encounter	05/23/2016	—
Lateral tear of shoulder, right, initial encounter	05/04/2016	—
Pain of both shoulder joints	05/04/2016	—
Shoulder strain, left, initial encounter	05/01/2016	—
Supraspinatus tendon tear, right, initial encounter	05/04/2016	—

Past Surgical History

Procedure Name	Date	Notes
• No Past Surgical History	—	—

Medication List

Name	Date Started	Instructions
Metformin 500 mg oral tablet	05/06/2016	Take 1 tablet (500 mg) by oral route 2 times per day with food for 30 days

Allergy List

Allergen Name	Date	Reaction	Notes
NO KNOWN DRUG ALLERGIES	—	—	—

Family Medical History

Disease Name	Relative/Age	Notes
• No Known Family Medical History	/	—

Social History

Finding	Status	Start/Stop	Quantity	Notes
Does not drink	—	—	—	—
Does not smoke	—	—	—	—

Review of Systems

Constitutional

- Denies: fever, weight loss, weight gain

Eyes

- Denies: impaired vision, changes in vision

HENT

PATIENT: MARES, MIGUEL A
 ACT#1: 24427
 DOB: 03/03/1957
 IRI: KLEIN, TERREN D ID: 59
 DOS: 07/27/16

[Digital Signature Placeholder]



Cardiovascular

- o Denies : chest pain, irregular heart beats

Respiratory

- o Denies : shortness of breath, cough

Gastrointestinal

- o Denies : abdominal pain, blood in stools

Genitourinary

- o Denies : dysuria, hematuria

Integument

- o Denies : rash, pigmentation changes

Neurologic

- o Denies : muscular weakness, incoordination, loss of balance

Musculoskeletal

- o Denies : additional symptoms except as noted in the HPI

Endocrine

- o Denies : cold intolerance, heat intolerance

Heme-Lymph

- o Denies : easy bleeding, easy bruising, lymph node enlargement or tenderness

Allergic-Immunologic

- o Denies : frequent illnesses

Physical Examination

Constitutional

- o Appearance : well developed, well nourished, well-groomed; body habitus normal

Head and Face

- o Inspection : atraumatic, normocephalic

Eyes

- o Pupils and Irises : pupils equally round and respond to light

Ears, Nose, Mouth and Throat

- o Ears : grossly normal

- o Nose : grossly normal

- o Throat : grossly normal

Respiratory

- o Auscultation of Lungs : lungs clear to auscultation

Cardiovascular

- o Heart : regular rate and rhythm

Gastrointestinal

- o Abdominal Examination : abdomen soft, non-tender

Right Upper Extremity

- o Shoulder:

- o Inspection/Palpation : tenderness to lateral deltoid and anterior acromion, neurovascular intact distally
- o Range of Motion : painful arc of motion, decreased motion
- o Strength : mild decreased strength

Neurological/Psychiatric

- o Orientation : patient is alert and oriented

Assessment

- Shoulder strain, left, initial encounter 840.9/546.912A
- Supraspinatus tendon tear, right, initial encounter 840.6/546.811A

Plan

Instructions

- o Due to the persistence of symptoms and failure of conservative treatment, the patient has elected to undergo a rotator cuff repair.
- o I discussed with the patient the risks and benefits of the procedure. The risks include but are not limited to bleeding, pain, infection, damage to tendons, nerves, and arteries, DVT, persistence of same condition, and need for further surgery. All questions have been answered and informed consent has been obtained.

NAME: MARES, MIGUEL A
 ACT# : 24427
 DOB: _____ AGE: 59
 RM: KLEIN, TERREN D DO
 DOS: 07/27/16

stedi

Cardiologist

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 1957-07-27 Gender: Male
 Physician: KLEIN, TERREN Section: Scanned Doc Page 5



M
7-27-16
0630

NAME: MARES, MIGUEL A
MRN: 0024427
DOB: [REDACTED] AGE: 59
DR: KLEIN, TERREN D MD
DOS: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 6



06/23/2016 12:03:28 TelerxHealth Page 2 of 2

6013

The Hospitals of Providence Memorial Campus

2001 W. Oregon Street

El Paso, TX 79902-3320

Diagnostic Imaging Department

Phone: (915) 577-8701 Fax: (915) 577-2808

Patient Name: MARES, MIGUEL A
 DOB/Age/Sex: [REDACTED] 49 years Male
 MRN: 01242996
 Acct #: 051750627

Encounter Type: C-Department
 Location: PRV-AD

Diagnostic Radiology

Accession #: 160XR-16-037359

Exam Date/Time: 6/23/2016 11:45 MDT

Procedure: AP Chest 2 Views

Ordering Physician: KLEIN, TERREN S

Report

Orientation Site: Pectoral

Chest Radiograph: 2 views

Demographics: DOB: [REDACTED] 59 years old Male

History: STRAIN OF OTHER MUSCLES, FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL AT ARM
INITIAL ENCOUNTER

Comparison: None.

Infiltrations: The sensitivity of the radiographs is much less compared to CT of the thorax for detection of lung nodules and early lung cancers. If there is a concern of lung nodule, lung cancer or metastasis, then a CT of the thorax is the recommended test.

Guidelines for smokers: The US Preventive Task Force recommends annual screening for lung cancer with low-dose computed tomography in adults age 55-80 years old, who have a 30 pack year smoking history and currently smoke or have stopped within the last 15 years.

Findings

Lungs/pulmonary: Clear lungs. No pleural effusion, No pneumothorax.

Heart: Normal heart size.

Bones: No acute bony change. Degenerative changes affect the spine.

Miscellaneous: No acute findings in the visualized upper abdomen.

Impression

No acute findings.

Final Report

Dictated 06/23/2016 12:01

Dictated By: PRASAD M.D., SHASHANK S.

Signature: 06/23/2016 12:01 pm Signed By: PRASAD M.D., SHASHANK S.

Transcribed 06/23/2016 12:02 pm

Admitting
Consulting

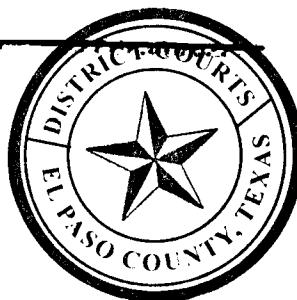
KLEIN, TERREN S

PATIENT: MARES, MIGUEL A
 RE-ACTIVE: 24427
 PRN: 00-11: 0 [REDACTED] AGE: 59
 NPI: KLEIN, TERREN S MD
 DOS: 07/27/16

Page 1 of 1

06/23/2016 12:03:28 TelerxHealth Page 2 of 2

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN S Section Scanned Doc Page 7



The Hospitals of Providence Memorial Campus

2001 N. Oregon Street: El Paso, TX 79902 3320
 Clinical Laboratory Phone (915) 577-7301/7302 Fax (915) 577-7340
 Medical Director(s): Arturo Vargas, MD

Patient Name: MARES, MIGUEL A
 DOB/Age/Sex: [REDACTED] 39 years Male
 MRN: 01242956
 Acct #: 064750327

Encounter Type: 2 - Outpatient
 Location: PRV-XR

Chemistry

Routine Chemistry

Collected Date/Time:
 6/23/2016 12:15 MDT

Procedure:

	Result	Units	Specimen Type	Spec	Verified Date/Time
Sodium Lvl	139	mmol/L	(135-145)	[REDACTED]	6/23/2016 14:39 MDT
Potassium Lvl	4.0	mmol/L	(3.5-5.0)	[REDACTED]	6/23/2016 14:39 MDT
Chloride Lvl	100	mmol/L	(98-102)	[REDACTED]	6/23/2016 14:39 MDT
CO2	27	mmol/L	[21-31]	[REDACTED]	6/23/2016 14:39 MDT
AGAP	16	mg/dL	[11-18]	[REDACTED]	6/23/2016 14:39 MDT
Calcium Lvl	9.4	mg/dL	[8.5-10.5]	[REDACTED]	6/23/2016 14:39 MDT
BUN	11	mg/dL	[6-20]	[REDACTED]	6/23/2016 14:39 MDT
Creatinine Lvl	0.82	mg/dL	[0.30-1.20]	[REDACTED]	6/23/2016 14:39 MDT
BUN/Creat	13.4	mg/dL	[10.0-20.0]	[REDACTED]	6/23/2016 14:39 MDT
GFR African Am	116	ml/min/1.73m ²	[>60]	[REDACTED]	6/23/2016 14:39 MDT
GFR Non African Am	96	ml/min/1.73m ²	[>60]	[REDACTED]	6/23/2016 14:40 MDT
Glucose Level	62.4	mg/dL	[70-110]	[REDACTED]	6/23/2016 14:39 MDT

Legend: A = Abnormal, H = High, L = Low, C = Critical, I = Isolate, R = Reference, C = corrected, I = interpretation

Ordering: [REDACTED]

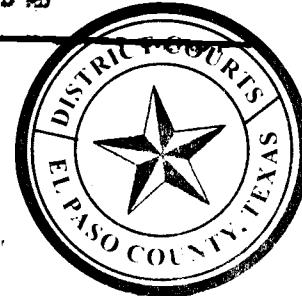
Admitting: KLEIN, M.D. TERREN D
 Consulting:

Report Request ID: 53422330
 Printed: 6/23/2016 17:28 CDT
 Coded: KLEIN, M.D. TERREN D

Page 1 of 1

PATIENT: MARES, MIGUEL A
 ACT# 24427
 DOB: [REDACTED] AGE: 39
 DR: KLEIN, TERREN D MD
 DOS: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN D Section Scanned Doc Page 8



The Hospitals of Providence Memorial Campus

2001 N Oregon Street El Paso, TX 79902-3320
 Clinical Laboratory Phone (915) 547-7337 Fax (915) 547-7342
 Medical Directors: Arturo Vargas, MD

Patient Name: MARES, MIGUEL A
 DOB/Age/Sex: [REDACTED] 59 years Male
 MRN: 01222956
 Acc#s: 084750827

Encounter Type: 2 - Outpatient
 Location: ER/UXR

Hematology

Collected Date/Time:
 6/23/2016 12:15 PDT

Procedure	Result
WBC	10.58
RBC	5.06
Hgb	157
Hct	45.3
MCV	89.2
MCCH	36.9
MCVSD	34.7
RDWCV	14.3
RDWSD	46.6%
Platelet Count	258
MPV	10.3
HRBC Auto Abs	0.00
HRBC Auto Rel	0.0

CBC

Specimen Type:
 Blood

Reference Range

Verified Date/Time

Automated Differential

Collected Date/Time:
 6/23/2016 12:15 PDT

Procedure	Result
Neutrophil Rel	77.3
Lymphocyte Rel	13.8
Monocyte Rel	6.0
Eosinophil Rel	1.8
Basophil Rel	0.5
Imm Gran Rel	0.6
Neutrophil Abs	8.19K
Lymphocyte Abs	1.48
Monocyte Abs	0.63
Eosinophil Abs	0.19

Specimen Type:
 Blood

Reference Range

Verified Date/Time

Legend: A = Abnormal, H = High, L = Low, C = Critical, f = footnote, t = telepheno, c = corrected, i = interpretation

Ordering: [REDACTED]

Admitting: KLEIN, TERREN D
 Consulting: [REDACTED]

Report Request ID: 88412788
 Printed: 6/23/2016 15:20 CDT
 Copy to: KLEIN, TERREN D

NAME: MARES, MIGUEL A
 ACCT# 24427
 DOB: [REDACTED] AGE: 59
 DRG: KLEIN, TERREN D MD
 DOB: 07/27/16

Page 1 of 2

Page 2 of 3

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN Section Scanned Doc Page 9



The Hospitals of Providence-Memorial Campus

2001 N Oregon Street El Paso, TX 79902-3320
 Clinical Laboratory Phone (915) 573-7303/7302 Fax (915) 573-7340
 Medical Doctor(s) Arturo Vargas, MD

Patient Name: MARES, MIGUEL A
 DOB/Age/Sex: [REDACTED] 59 years Male
 MRN: 01242646
 Acct #: 084750427

Encounter Type: 2 - Outpatient
 Location: PRVXR

Hematology

Automated Differential

Collected Date/Time:
 6/33/2016 13:15 MDT

Specimen Type:
 Blood

Procedure	Result	Units	Reference Range	Verified Date/Time
Basophil Ab%	0.05	10e3/mm3	[0.00-0.20]	6/33/2016 13:03 CDT
Imm Gran Ab%	0.06	10e3/mm3	[0.00-0.08]	6/33/2016 13:03 CDT

Interpretive Data:
 ALERT: NEW ANALYTE METHODOLOGY IN PLACE. SEPTEMBER 15, 2015

Legend: A = Abnormal, H = High, L = Low, C = Critical, F = Fasting, R = Reference, C = Corrected, I = Interpretation

Ordering: [REDACTED]

Requesting: KLEIN, TERRREN D
 Referring: [REDACTED]

Report Request ID: 33412739
 Printed: 02/20/2016 13:28 CDT
 Copy to: KLEIN, TERRREN D

PATIENT: MARES, MIGUEL A

MRN: 24427

DOB: [REDACTED]

SEX: M

AGE: 59

ST: [REDACTED]

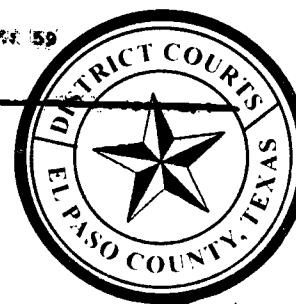
ZIP: [REDACTED]

CDR: 07/27/16

Page 2 of 2

11/21/2017 (11/21/2017) (11/21/2017) Page 3 of 3

Patient: MARES, MIGUEL MRN: 0024427 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERRREN D Section Scanned Doc Page 10



[Progress Note] [Miguel Mares] [6013]

[Date Printed:07/18/2016] Page 1 of 4

Progress Note

Patient Name: Miguel Mares
 Patient ID: 6013
 Sex: Male
 Birthdate: [REDACTED]

Visit Date: June 6, 2016
 Provider: Terren D. Klein, MD
 Location: Terren Klein MD PA
 Location Address: 1300 Marathon Dr Ste 310
 El Paso, TX 79924-8427
 Location Phone: (915) 839-1888

Chief Complaint

- right shoulder sprain/strain

History Of Present Illness

Referred by: REFERRED BY Type of Visit: Today and DOI: 02/23/2016

This is a 33 year old Caucasian/White, Hispanic or Latino male who's last visit was 05/23/2016, the symptoms have not changed. We are actively TREATING the condition of Labral tear of shoulder, right, initial encounter, Pain of both shoulder joints, Shoulder strain, left, initial encounter, and Supraspinatus tendon tear, right, initial encounter. Currently the pain is located in his right shoulder and left shoulder. He had sustained an injury. The INITIAL INJURY occurred to the right shoulder and left shoulder 02/23/2016 ago.

The current symptoms are pain with motion and weakness; the severity of the symptoms are moderate and the quality is sharp and throbbing. This problem is related to an injury.

LAST VISIT we administered an injection. The injection did not help reduce the pain.

The chief complaint were as follows:

Clicking with throwing or overhead activities yes

Patient is a 18 wheeler mechanic and injured himself on 02/23/2016, when he was setting up the spare tire in the back of the trailer. He told the driver of the trailer to not move however, the driver did not listen and reversed into the patient. We will be treating patient for his shoulders.

MRI of the right shoulder done on 04/13/2016 indicates a tear involving the superior labrum. There probably is an adjacent superior glenoid full thickness chondral fissure with resultant superior glenoid subchondral cyst. Moderate supraspinatus tendinosis with posterior substance low grade articular surface partial thickness tear versus severe tendinosis. Mild subscapularis tendinosis. Metal susceptibility artifact noted in the posterior lateral shoulder subcutaneous tissue.

XRAYS of the right shoulder done today show no significant abnormalities.

XRAYS of the left shoulder done today show no significant abnormalities.

I am going to order a MRI of the left shoulder and have him follow up in 3 weeks. We may consider an injection if symptoms persist.

5/23/16 MRI R shoulder on 5/26/16 partial thickness tear supraspinatus, suspected superior labral tear, will inject bilateral shoulders. If u 2 wks for surgical consult/mr.

06/06/2016 Patient feels that his left shoulder is doing better but his right shoulder is still a problem. The injection helped with his left shoulder but not his right shoulder. I am going to recommend a right shoulder rotator cuff repair at this time. We discussed the risks, benefits and alternatives to surgery and his questions were answered in detail. He would like to proceed with surgery at this time. Plan on open RC repair due to persistent weakness and pain to r shoulder.

Past Medical History

Disease Name	Date Onset	Notes
* No Significant Past Medical His		
Labral tear of shoulder, left, initial encounter	05/23/2016	+
Labral tear of shoulder, right, initial encounter	05/23/2016	+
Pain of both shoulder joints	05/23/2016	+
Shoulder strain, left, initial encounter	05/23/2016	+
Supraspinatus tendon tear, right, initial encounter	05/23/2016	+

NAME: MARES, MIGUEL A
 ACT #: 24427
 CDT #: [REDACTED] D/21/ 59
 DR. KLEIN, TERREN D. MD
 DOB: 07/27/16

[Digital Signature Validated]



Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male

Physician: KLEIN, TERREN Section Scanned Doc Page 11

[Progress Note] [Miguel Mares] (6013)

[Date Printed:07/18/2016] Page 2 of 4

Past Surgical History

Procedure Name	Date	Notes
No Past Surgical History

Medication List

Name	Date Started	Instructions
Naprosyn 500 mg oral tablet	05/06/2016	Take 1 tablet (500 mg) by oral route 2 times per day with food for 30 days.

Allergy List

Allergen Name	Date	Reaction	Notes
NO KNOWN DRUG ALLERGIES

Family Medical History

Disease Name	Relative/Age	Notes
No Known Family Medical History	/	..

Social History

Finding	Status	Start/Stop	Quantity	Notes
Does not drink	-	..-..
Does not smoke	-	..-..

Review of Systems

Constitutional

- Denies : fever, weight loss, weight gain

Eyes

- Denies : impaired vision, changes in vision

ENT

- Denies : headaches, vertigo

Cardiovascular

- Denies : chest pain, irregular heart beats

Respiratory

- Denies : shortness of breath, cough

Gastrointestinal

- Denies : abdominal pain, blood in stools

Genitourinary

- Denies : dysuria, hematuria

Integument

- Denies : rash, pigmentation changes

Neurologic

- Denies : muscular weakness, incoordination, loss of balance

Musculoskeletal

- Denies : additional symptoms except as noted in the HPI

Endocrine

- Denies : cold intolerance, heat intolerance

Heme-Lymph

- Denies : easy bleeding, easy bruising, lymph node enlargement or tenderness

Allergic-Immunologic

- Denies : frequent illnesses

Physical Examination

Constitutional

- Appearance : well-developed, well-nourished, well-groomed; body habitus normal

Cervical Spine/Neck

- Musculoskeletal Examination : no tenderness, no swelling, range of motion is full, no pain with clinical range of motion, no acute spasms

Right Upper Extremity

- Shoulder :

NAME: MARES, MIGUEL A

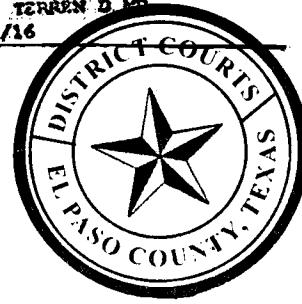
MRN: 0024427

DOS: 07/27/16

AGE: 59

DR: KLEIN, TERRREN D MD

LOG: 07/27/16



Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERRREN Section: Scanned Doc Page 12

[Progress Note] [Miguel Mares] [6013]

[Date Printed:07/18/2016] Page 4 of 4

- Pain of both shoulder joints 719.41/M25.511
- Supraspinatus tendon tear, right, initial encounter 840.6/S46.811A
- Labral tear of shoulder, right, initial encounter 840.8/S43.431A
- Shoulder strain, left, initial encounter 840.9/S46.912A
- Labral tear of shoulder, left, initial encounter 840.8/S43.432A

Plan:

Instructions

- o After considering all options, the patient has elected to proceed with surgery. I have discussed the risks, benefits, potential complications, alternatives to surgery, and risks and benefits of the alternatives. All questions were answered. Informed consent was obtained.
- o The patient will proceed with surgery. He/She will be sent for pre-op scheduling, pre-op labs, and pre-op visit.
- o Waiting surgery approval.
- o I have discussed with the patient the diagnosis, prognosis, treatment plan, and alternatives. All questions were answered.
- o I have instructed the patient to call immediately if the condition worsens or to go to the ER.
- o Patient Info: Visit www.orthoinfo.org for further info on your diagnosis.

Disposition

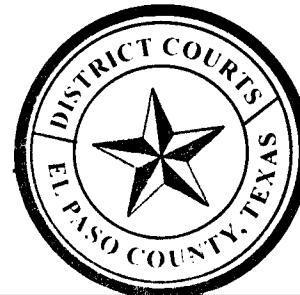
- o Return Visit Request by on 4 weeks +/- 7 days (12810).

Electronically Signed by: Terren D. Klein, MD /Author on June 30, 2016 06:34:00 PM

PATIENT: MARES, MIGUEL A
 ACT#1: 24427
 LOR#1: [REDACTED] ACT#1: 59
 DR: KLEIN, TERREN D MD
 DSC: 07/27/16

[Signature Validated]

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN Section Scanned/Doc Page 13



El Paso Day Surgery
Post Operative Orders

Admit to Recovery

Diagnosis:

R. R.C. *Gray*Name: MARES, MIGUEL A
MRN: 24427
DOB: [REDACTED] 59
Physician: KLEIN, TERREN D MD
Date: 07/27/16

Allergy: None /

Diet: Liquids, advance as tolerated / Other: _____

Med: Toradol 30mg IV/PR q.6 hours prn pain

 Other: _____

Discharge Medications:

 Vicodin 1-2 tablets po q4 hours prn pain Other _____*Meds given to patient**Shoulde, Back*

Activity:

 Ice, Elevate, Crutches, Walker Do not remove dressing *Do not remove dressing* Weight bearing as tolerated, touchdown weight bearing, no weight bearing, partial weight bearing. May remove the dressing in 48 hours and clean incisions with Hydrogen Peroxide or Normal Saline. Cover with band-aids. You may shower after 2 days, do not soak Other _____2. Follow up with Dr. Klein in *This Friday*

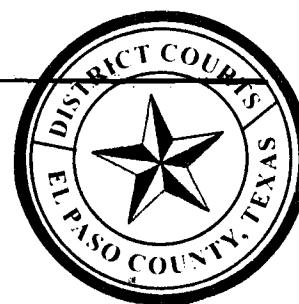
3. Call MD for worsening pain, bleeding, fever, nausea/vomiting or questions.

4. Discharge home when anesthesia criteria met.

Terren Klein, M.D.

Date/Time

07/27/16

M. Klein 7.27.16

El Paso Day Surgery

(02) 541-1237000
Secure Answer,
No Computer Correspondence, Shared
55 x 147 mm
(02) 541-13027700

Author: *[Signature]*

Pre-Op Drs:

Tom R. R.C.

Post-Op Drs:

DR. R.C.

Procedure:

Repair R. R.C. Thigh

Surgeon(s):

DR. R.C. Right padavon C.R.

Anesthesia:

GA T 7 G intravenous, Latiff

Blood Loss:

1300cc

Packs, Drain:

8

Condition:

*stable*Dictation # *19404799*

PHYSICIAN'S ORDERS, PROGRESS NOTES:

Discharge home when anesthesia criteria met.

[15 blank lines for physician orders]

[Handwritten signature]

Physician Signature:

Date/Time:

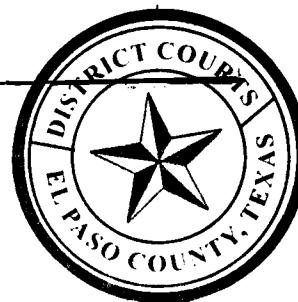
7-27-16 0730

MRN: MARES, MIGUEL A
ACT#1: 24427
DOB: [REDACTED] APRIL 06
DR. KLEIN, TERREN D MD
DOB: 07/27/16

Updated 08/18/2015

Page 1 of 1

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 15



Version 5.2.109

Discharge Instructions

Instructions Used : KLEIN DISCHARGE INSTRUCTIONS SPANISH

Activity:

- Usar el sostén de hombro para su comodidad.

Bathing:

- No remoje las heridas y no remover las bendas.

Diel:

- Avanzar dieta como sea tolerada. Empezando con líquidos y avanzar a dieta regular.

Driving:

- No debe tratar de manejar, usar herramientas eléctricas, ni tomar ninguna decisión importante hasta que hayan pasado 24 horas después de la cirugía, y puede hacer esto entonces solo si usted se siente perfectamente normal y alerta.

Educational:

IMPORTANTE: En caso de una emergencia, llamar a 911 o ir a la sala de emergencias más cercana de usted para examen o tratamiento.

Medication:

- Tomar medicamentos como están recetados.

Notifications:

- Dr. Klein TEL: (915) 838-3888
- Llamar al Dr. Klein para dolor o sangrado sin control, fiebre arriba de 101°F, náuseas/vomito severo o preguntas.
- Si tiene un dolor desmesurado o persistente, hinchazón, hemorragia, náusea, vomito, o cualquier otro problema, usted debe llamar primero a su cirujano para que

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male

Physician: KLEIN, TERREN Section: Discharge Page 1

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section: Scanned Doc Page 16



le aconseje. Si no se puede poner en contacto con su cirujano, solicite ayuda de la sala de emergencias de un hospital.

HandCare:

- NO remueva los vendajes.

Follow up Appointment(s):

Type: Surgeon

Provider: Dr. Klein

Date: 07/29/2016

Time: 09:00 AM



"Daughter"

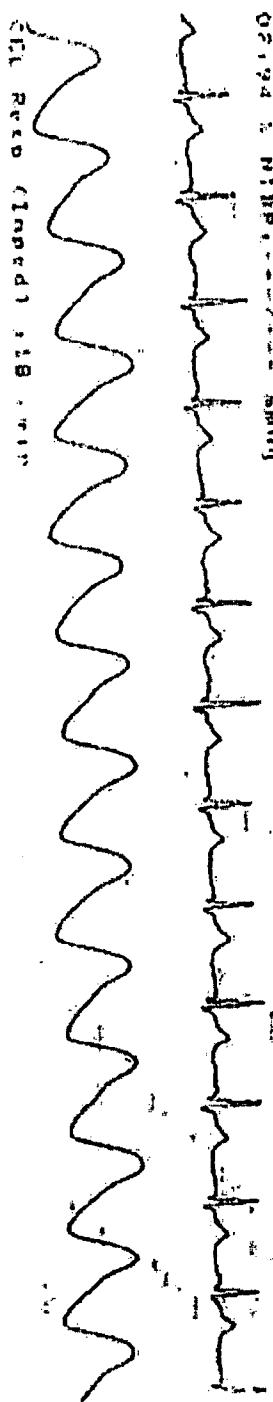
RN Signature: electronically signed by HERNANDEZ, JUANI on 07/27/2016 03:29

Signature of Patient or Patient Representative

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 01/14/1959 Gender: Male
Physician: KLEIN, TERREN Section: Discharge Page: 2

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 01/14/1959 Gender: Male
Physician: KLEIN, TERREN Section: Scanned Doc Page: 17

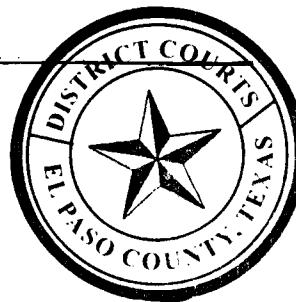




Pac A

NAME: MARES, MIGUEL A
MRN: 24427
GENDER: [REDACTED] AGE: 59
PHYSICIAN: KLEIN, TERREN D MD
DATE: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 03/03/1957 Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 18



Anesthesia
PHYSICIAN ORDERS

Post Operative

All physician orders must be written in ink (dated, timed and signed)

MH

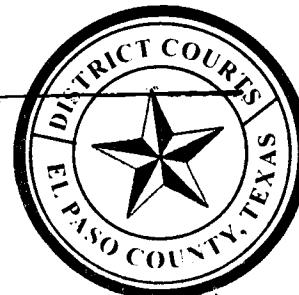
MR. MARES, MIGUEL A
MRN: 24427
DOB: [REDACTED] 59
DR: KLEIN, TERREN D MD
DATE: 07/27/16

Allergies:	IT. <input checked="" type="checkbox"/> WT. <input checked="" type="checkbox"/> All medications dispensed in accordance with facility formulary
Date/Time:	<p>1. Patient may be discharged from PACU Phase I, II when discharge criteria met</p> <p>7/27/16</p> <p>2. The following medications may be given as needed to control:</p> <p>7/27/16</p> <p>a) Pain:</p> <p>Phase I: Dilaudid 0.2 mg IV prn up to ___ mg</p> <p>Morphine ___ mg IV prn up to ___ mg</p> <p>Phase II: Hydrocodone 5/325mg 1 tablet PO Hydrocodone elixir ___ ml PO</p> <p>Tylenol #3 1 tablet PO Tylenol #3 elixir ___ ml PO</p> <p>Tylenol tab/elixir per weight/age Ibuprofen tab/elixir per weight/age</p> <p>b) Nausea and/or vomiting:</p> <p>Phase I: Zofran 2.4mg IV prn max ___ mg Zofran 4mg ODT</p> <p>Phenergan 3mg-25mg IV prn Reglan 10 mg IV prn</p> <p>Decadron 4 mg IV prn Scop patch w/instructions</p> <p>Phase II: Dramamine ___ mg IV prn Benadryl 25 mg IV prn</p> <p>c) Blood Pressure: Labetolol 2.5mg-5mg q.5min. up to ___ mg IV prn (3/5mg 1/2 1/2 1/2)</p> <p>Hydralazine 5mg up to ___ mg IV prn</p> <p>d) Heart Rate</p> <p>3. Continue same IV fluid until patient stable and tolerating PO fluids unless otherwise ordered by surgeon or managing physician.</p> <p>4. Initiate oxygen protocols if indicated</p> <p>5. A glucose check will be done on all known diabetic patients</p> <p>6. May use a Bair hugger to warm patient</p> <p>7. Demerol 12.5-25mg IV prn shivering</p> <p>8.</p> <p>9. I may be reached at:</p> <p>Signature: <i>MH</i></p>

El Paso Day Surgery

Anesthesia

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 20



Pre-Operative Nursing Assessment Sheet Date: 7/27/16 Time: 0550 Emergency Contact: Ana Relationship: Daughter Phone: 253-7869 Lobby Procedure:		NAME: MARES, MIGUEL A MRN: 0024427 DOB: 01/01/59 DR: KLEIN, TERREN D MD DT: 07/27/16							
NPO: Fluids: Meal 1/20 Meds: 1/4 S N/A Allergies: NKDA Allergies: <input checked="" type="checkbox"/> Reaction: NA Latex allergy: Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/> Allergy bracelet in place: Yes/NA Cubide: A B C D E F G		Home/Medication/Pain Dosage Frequency Last Taken							
Height: 5' Weight: 196 lbs KGs: 71 Temp: 99.6 Pulse: 68 Respirations: 18 Blood Pressure: 131/96 SaO2: 91		Personal / family history of problems with anesthesia:							
<input checked="" type="checkbox"/> Negative History <input type="checkbox"/> Migraines <input type="checkbox"/> Seizures/Seiz One <input type="checkbox"/> CVA/TIA <input type="checkbox"/> Numb Sickness <input type="checkbox"/> Paralysis <input type="checkbox"/> Dizziness/Vertigo <input type="checkbox"/> Alzheimer's / Parkinson's <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Negative History <input type="checkbox"/> HTN <input type="checkbox"/> CHF <input type="checkbox"/> CAD / Cholesterol <input type="checkbox"/> IBS <input type="checkbox"/> PVD/Poor Circulation <input type="checkbox"/> Angina <input type="checkbox"/> Migraine <input type="checkbox"/> Pacemaker/Defibrillator <input type="checkbox"/> CABG <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Hx of DVT, PE <input type="checkbox"/> Cardiac stents <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Negative History <input type="checkbox"/> Recent Cold <input type="checkbox"/> Seasonal Allergies <input type="checkbox"/> Asthma/Inhaler by: <input type="checkbox"/> COPD/DO?		<input checked="" type="checkbox"/> Negative History <input type="checkbox"/> Chronic Bronchitis <input type="checkbox"/> Sleep Apnea/CPAP/BIPAP <input type="checkbox"/> Emphysema <input type="checkbox"/> Inhaler/Nebs		<input checked="" type="checkbox"/> Negative History <input type="checkbox"/> IDDM <input type="checkbox"/> NIDDM/Diet Controlled/Bordetella <input type="checkbox"/> THYROID: Hypothyroid <input type="checkbox"/> Steroid Use <input type="checkbox"/> Immunosuppressed	
<input type="checkbox"/> Negative History <input type="checkbox"/> UTI <input type="checkbox"/> CRF/Dialysis Days: <input type="checkbox"/> Enlarged prostate <input type="checkbox"/> History of abdominal/pelvic <input type="checkbox"/> Endometriosis <input type="checkbox"/> Pelvic/Endometriosis <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Incontinence <input type="checkbox"/> Other		<input type="checkbox"/> Negative History <input type="checkbox"/> GERD <input type="checkbox"/> Gastritis <input type="checkbox"/> IBS <input type="checkbox"/> Hemia <input type="checkbox"/> C-Diff <input type="checkbox"/> Ulcers <input type="checkbox"/> Diarrhea/Diaper rash <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Other		<input type="checkbox"/> Negative History <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis/Type <input type="checkbox"/> MRSA / VRE <input type="checkbox"/> Other/BPP precautions		<input type="checkbox"/> Negative History <input type="checkbox"/> Arthritis <input type="checkbox"/> Back Pain <input type="checkbox"/> Neck Pain <input type="checkbox"/> Other		<input type="checkbox"/> Negative History <input type="checkbox"/> Received Metal <input type="checkbox"/> Muscle Weakness/RDLR <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Arthritis <input type="checkbox"/> Back Pain <input type="checkbox"/> Neck Pain <input type="checkbox"/> Other	
<input type="checkbox"/> Does Not Apply <input type="checkbox"/> CP <input type="checkbox"/> Diety <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Full term/Pre-term/43 <input type="checkbox"/> Other		<input type="checkbox"/> Negative History <input type="checkbox"/> Diarrhea/Diaper rash <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Other		<input type="checkbox"/> Negative History <input type="checkbox"/> Fatty <input type="checkbox"/> Jaundice <input type="checkbox"/> Constipation <input type="checkbox"/> Other		<input type="checkbox"/> Wheel Chair <input type="checkbox"/> Walker/Requires <input type="checkbox"/> N/A <input type="checkbox"/> Canes/Crutches/Requires <input type="checkbox"/> Fall Risk		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Religious Preferences <input type="checkbox"/> Smoke <input type="checkbox"/> Alcohol <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Other	
<input type="checkbox"/> Negative History <input type="checkbox"/> Limb Ataxia: Right/Left <input type="checkbox"/> Type: <input type="checkbox"/> Chemo/Rad:		Additional Info:		<input type="checkbox"/> Negative History <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Autistic <input type="checkbox"/> Grief/PTSD		<input type="checkbox"/> Negative History <input type="checkbox"/> Yes/Type <input type="checkbox"/> Blood thinner taken:			
LEFT MSG <input type="checkbox"/> WRONG S <input type="checkbox"/> Pre-op instructions: RN Signature: NPO after: Clothing <input type="checkbox"/> Jewelry <input type="checkbox"/> Arrival Time: per MD Bring MD orders <input type="checkbox"/> Top MEDs: Favorite Toy <input type="checkbox"/>		Discharge Planning Name: _____ Relationship: _____ Cell Phone #: _____ Accommodations: Hotel _____		Lab Location: EKG/Chest X-Ray Please on Chart <input type="checkbox"/> N/A <input type="checkbox"/> Physician Notified / Abnormalities					

PAGE ONE



General WNL <input checked="" type="checkbox"/>	Obese, malnourished, poor hygiene, jaundice, rashes, bruises, abrasions, wounds, Other: _____	GI WNL <input checked="" type="checkbox"/>	Abnormal bowel sounds, abdomen distended, tender, firm, rashes, vomiting, constipation, Other: _____	NCV: POS NEG Insulin: _____ FBS: _____ mg/dL Time: _____ Initials: 
HEAD NECK WNL <input checked="" type="checkbox"/>	Loose teeth, edentulous, dentures, partials, upper, lower, limited ROM, dysphagia, hearing aid, dental contact lenses, glasses, Other: _____	MUSCULO-SKELETAL WNL <input checked="" type="checkbox"/>	Limited ROM, edema, restrictive devices, prosthesis, deformity, atrophy, Other: _____	Site:  Gauge:  Attempts: _____ Syringe:  Ratio: _____ Syringe Lock: <input type="checkbox"/> Time: 
CARDIAC WNL <input checked="" type="checkbox"/>	Abnormal rate, rhythm, murmur, cyanosis, abnormal capillary refill, Other: _____	Child: 0 1 2 3 4 5		
RESPIRATORY WNL <input checked="" type="checkbox"/>	Cough: productive, non-productive, wheezing, rales, rhonchi, labored breathing, Other: _____	Adult: 0 1 2 3 4 5 6 7 8 9 10 Instructed on Use of Pain Scale: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Head/face: eyes: clear; conjunctiva: clear, no drainage. Ears: no turbidity, drainage. Nose: without congestion, epistaxis or drainage. Throat: without erythema, mucous membranes moist. Hygiene: normal. Oral: tongue and mucous membranes pink and moist. Integumentary: good skin turgor, no skin breakdown or rash. Skin: warm and dry, color normal. Neuro: Alert oriented to time, place and person, obeys commands; spontaneous eye opening, normal reflexes; swallow without difficulty, PERRLA. CV: Peripheral pulses strong and regular, capillary refill <3 seconds. Edema: absent, no pitting. Resp: O2 sat: rate greater than 10 and less 20 minutes, lung fields: clear, no rales and membranes pink and moist. Bister: chest expansion. GI: Abdomen soft with bowel sounds in all 4 quadrants, no pain, rashes, or vomiting. GU: voids without difficulty. Musculoskeletal: moves all extremities without difficulty, weakness or pain.

MEDICATION / DOSE	Route	Time	Initials
			

H.A. on Chart <input checked="" type="checkbox"/>	Hearing Aid: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Removed <input type="checkbox"/>
Corrected and informed <input checked="" type="checkbox"/>	Video: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Removed <input type="checkbox"/>
Ted Hines or WSCO form <input checked="" type="checkbox"/> NA	ID Bracelet: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Removed <input type="checkbox"/>
Verbalized: Yes <input type="checkbox"/> NA <input checked="" type="checkbox"/> Recorded <input type="checkbox"/> Locked <input type="checkbox"/>	Surgeon/Site Marked by MD: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Removed <input type="checkbox"/>
Body Painted: Yes <input type="checkbox"/> NA <input checked="" type="checkbox"/> Recorded <input type="checkbox"/> Removed <input type="checkbox"/>	Parent Started: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Removed <input type="checkbox"/>
Drugs: Yes <input type="checkbox"/> NA <input checked="" type="checkbox"/> Recorded <input type="checkbox"/> Removed <input type="checkbox"/>	
Corrections: Yes <input type="checkbox"/> NA <input checked="" type="checkbox"/> Recorded <input type="checkbox"/> Removed <input type="checkbox"/>	

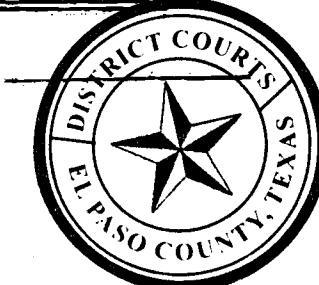
MARIE MARES, MIGUEL A
ACT# 24427
DOS: 03/03/57 AGN: 59
DR: KLEIN, TERREN D MD
ICN: 07/27/16

SEE ELECTRONIC CHART

Potential for weakness, edema <input type="checkbox"/>	Instruction in self breast exams and self bedsheet exams, instructions	Patient will verbalize understanding of self care <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential for anxiety R/T surgical procedure <input type="checkbox"/>	Orient patient to Surgical Center, provide discharge instruction	Patient will verbalize decreased anxiety <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Knowledge deficit R/T surgical procedure <input type="checkbox"/>	Assess level of understanding. Intraop, perioperative instruction	Patient will verbalize understanding of surgical procedure <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential for infection R/T surgical procedure <input type="checkbox"/>	Check lab work if ordered by Dr. Monitor vital signs. Teach on signs / symptoms of infection	Patient will be free of signs and symptoms of infection in the pre-operative area. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

RN Signature: 

Date: 7/27/16 Time: 0600



El Paso Day Surgery
DIVULGACIÓN Y CONSENTIMIENTO

PROCEDIMIENTOS MÉDICOS Y QUIRÚRGICOS

AL PACIENTE: Usted tiene el derecho, como paciente, de estar informado sobre su afección y sobre el procedimiento quirúrgico, médico o diagnóstico recomendado a seguir, para que usted pueda tomar una decisión, si usted desea o no someterse al procedimiento después de saber cuáles son los riesgos y peligros que conllevan. El propósito de esta divulgación no es asustar al paciente, es simplemente para que esté mejor informado al decidir si va a dar o no, su consentimiento al procedimiento.

De mi propia voluntad, yo solicito al: Dr. Klein como mi médico, y a tales asociados, auxiliares técnicos y otros proveedores de cuidados médicos que estén necesarios para tratar a mi afección, la cual se me ha explicado a mi como:

descripción del procedimiento: Super espasmo del hombro

Entiendo que se han planteado los siguientes procedimientos quirúrgicos, médicos y/o diagnósticos para mí, y qué yo doy mi consentimiento de mi propia voluntad a estos procedimientos:

reparación del manguito rotado

Entiendo que mi médico puede descubrir otros o diferentes afecciones que podrían requerir procedimientos adicionales o diferentes de los planteados. Autorizo a mi médico, y a tales asociados, auxiliares técnicos y otros proveedores de cuidados médicos para que lleven a cabo tales otros procedimientos, que sean recomendables según su juicio profesional.

Yo (doy) (no doy) mi consentimiento para que se utilice sangre y hemoderivados, según sea necesario.

Entiendo que no se me ha dado ningún tipo de garantía ni seguridad sobre el resultado o cura.

Del mismo modo que pueden existir riesgos o peligros al proseguir con mi actual afección sin ningún tratamiento, también existen riesgos y peligros relacionados con cualquier procedimiento quirúrgico, médico y/o diagnóstico que se haya planteado realizar. Entiendo que es común que cualquier procedimiento quirúrgico, médico y/o diagnóstico conlleve la posibilidad de infección, sangrado sanguíneo en las venas y pulmones, hemorragia, reacciones alérgicas, o hasta la muerte. También comprendo que los siguientes riesgos y peligros pueden suceder en conexión con este procedimiento en particular:

Los riesgos según me los mencionó el médico: **DANO A LOS NERVIOS, LOS TENDONES Y ARTERIA, PERSISTENCIA DE ORTOFIMACION, CON LA MISMA CONDICION, EL SANGRADO, EL DOLOR Y LA NECESIDAD DE MAS CIRUGIAS Y FALTA**

Entiendo que la anestesia conlleva ciertos riesgos y peligros, pero solicito que se utilicen anestésicos para el alivio y la protección del dolor durante los procedimientos planeados y adicionales. Comprendo que es posible que se lesa que cambie la anestesia sin que se me dé una explicación.

Entiendo que pueden surgir ciertas complicaciones por el uso de cualquier anestésico, incluyendo problemas respiratorios, reacción a fármacos, parálisis, daño cerebral, o hasta la muerte. Otros riesgos y peligros, que pueden surgir por el uso de anestesia general, varían desde pequeñas molestias hasta lesión a las cuerdas vocales, dientes u ojos. Entiendo que otros de los riesgos y peligros resultantes de anestésicos espinales o epidurales, incluyen los dolores de cabeza y dolor craneal.

Se me ha dado la oportunidad de hacer preguntas sobre mi afección, los diferentes tipos de anestesia y tratamiento, los riesgos de no realizar ningún tratamiento, el procedimiento que se va a seguir, y los riesgos y peligros que conlleva, y atropo que tengo suficiente información para otorgar este consentimiento informado.

Certifico que se me ha explicado plenamente este formulario, y que lo he leído, o que alguien me lo ha leído a mí, que los espacios en blanco se han rellenado, y que comprendo su contenido.

X Miguel A. Mares
FIRMA DEL PACIENTE U OTRA PERSONA LEGALMENTE RESPONSABLE

FECHA: 7/27/16 HORA: AM/PM

7/27/16 0555
 Fecha Hora

NOMBRE: MARES, MIGUEL A.
 ALTURA: 24427
 PESO: 165 AGE: 39
 DR: KLEIN, TERRÉN D. MD
 DS: 07/27/16

7/27/16
 Firma de Médico

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERRÉN Section Scanned Doc





CONSENTIMIENTO - ANESTESIA y CONTROL DE DOLOR PERIOPERATORIO

11. PACIENTE: tiene derecho, como paciente, a ser informado sobre su enfermedad y la anestesia/analgésica recomendada que se usará, de modo que usted pueda tomar la decisión de si recibir la anestesia/analgésica o no después de conocer los riesgos y los peligros relacionados. Esta revelación no tiene como fin asustarlo o alarmaarlo, es simplemente un esfuerzo por hacerlo mejor informado para que usted pueda dar o negar su consentimiento para la anestesia/analgésica.

Solicito voluntariamente que me administren a mí (el paciente) la anestesia y la atención de control de dolor (analgésica) perioperatoria, según lo indicado a continuación. Entiendo que será administrada por un proveedor de anestesia, el profesional que realizó la operación o algún otro proveedor de salud de ese tipo, de ser necesario. Perioperatorio significa el periodo poco antes de, durante y poco después del procedimiento.

Aunque entiendo que la anestesia/analgésica implica riesgos y peligros adicionales, solicito que use anestésicos/analgésicos para el alivio de y la protección contra el dolor durante los procedimientos planeados y adicionales. Entiendo que el tipo de anestesia/analgésica podría tener que cambiarse, posiblemente sin darme una explicación.

Entiendo que pueden ocurrir complicaciones graves, pero raras, con todos los métodos anestésicos/analgésicos. Algunas de estas riesgos son problemas de respiración y del corazón, reacciones a la medicina, daño nervioso, paro cardíaco, daño cerebral, parálisis o la muerte.

También entiendo que podrían ocurrir otras complicaciones. Entre esas complicaciones se incluyen: Mencionar los métodos de anestesia/analgésia planeados y haga que el paciente/otra persona legalmente responsable ponga sus iniciales

ANESTESIA GENERAL - lesión a las cuerdas vocales, los dientes, los labios, los ojos; estar consciente durante el procedimiento; disfunción de la memoria/pérdida de la memoria; daño a órganos permanentes; daño cerebral.

ANESTESIA/ANALGÉSIA DE BLOQUEO REGIONAL - daño nervioso; dolor persistente; sangrado/hematoma; infección; necesidad médica de usar anestesia general en vez; daño cerebral.

ANESTESIA/ANALGÉSIA ESPINAL - daño nervioso; dolor de espalda persistente; dolor de cabeza; infección; sangrado/hematoma epidural; dolor crónico; necesidad médica de usar anestesia general en vez; daño cerebral.

ANESTESIA/ANALGÉSIA EPIDURAL - daño nervioso; dolor de espalda persistente; dolor de cabeza; infección; sangrado/hematoma epidural; dolor crónico; necesidad médica de usar anestesia general en vez; daño cerebral.

ATENCIÓN DE ANESTESIA VIGILADA (MAC) o SEDACIÓN/ANALGÉSIA - disfunción de la memoria/pérdida de la memoria; necesidad médica de usar anestesia general en vez; daño a órganos permanentes; daño cerebral.

Comentarios/riesgos adicionales:

Entiendo que no me han prometido nada con respecto al resultado de los métodos de anestesia/analgésica. Me han dado la oportunidad de hacer preguntas sobre los métodos de anestesia/analgésica, los procedimientos que se usarán, los riesgos y los peligros relacionados, y las formas de anestesia/analgésica alternativas. Creo tener suficiente información para dar mi consentimiento informado.

Me han explicado completamente este formulario, lo he leído o me lo han leído, se han llenado los espacios en PACIENTE/OTRA PERSONA LEGALMENTE RESPONSABLE (se requiere una firma)

K. Miguel Mares
Firma

Fecha

05/05

a.m./p.m.

Terren Klein
Firma

Nombre (en letra de molde)

Fecha

05/05

a.m./p.m.

7/27/16
Firma de Proveedor de anestesia

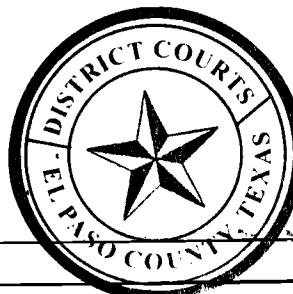
Fecha

05/05

a.m./p.m.

NAME: MARES, MIGUEL A
MRN: 24427
DR: [REDACTED] AGE: 59
DOC: KLEIN, TERREN D MO
DOC: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 24



1. Infección
2. Hematoma, hinchazón, sangrado, inflamación en el lugar de inyección
3. Dolor al nervio y/o vaso sanguíneo
4. Disfunción de los intestinos y/o lo vejiga
5. Entumecimiento, parálisis, náuseas y vómito
6. Disfunción sexual
7. Derrame cerebral, convulsiones
8. Empeoramiento de la afección, sin alivio de dolor
9. Insuficiencia respiratoria y/o paro cardíaco
10. Reacción alérgica a medicamentos/esteroides
11. Hipotensión e dificultad pasajera para respirar
12. Dolor durante el procedimiento

13. Riesgos adicionales:

1. Neuromotoras con bloqueo neurolítico intercostal, espinal diferencial, intratecal, epidural torácico, y del ganglio estrellado: procedimientos con catéter epidural.
2. Ronquera y Síndrome de Horner permanente con un bloqueo neurolítico del ganglio estrellado: El Síndrome de Horner es un dolor de cabeza intenso, agudo, tamaño de pupilas desigual y pérdida sensorial.
3. Dolor de cabeza con bloqueo del nervio occipital, inyección de la raíz de nervio cervical.
4. En procedimientos con catéter, el catéter se puede desviar.
5. Hemorragia nasal, cambios transitorios en la visión, nódulos transitorios con bloqueo estriéopatálico.

Initials *M. Klein*

Riesgos Relacionados con los procedimientos mencionados abajo:

Solicitó al Dr. *Klein*

Para que realice:

NAME: MARES, MIGUEL A
AC#1: 24427
DOB: 03/03/57 AGES: 59
DR: KLEIN, TERREN D MD
DOB: 07/27/16

Patología, Fotografía, Videograbación, Análisis de sangre

Autorizo a El Paso Day Surgery y/o al patólogo para que tomen a su cargo, o para que se deshagan de cualquier tejido. Doy mi autorización para que se tome, cualquier fotografía o para que se grabe cualquier cinta de video que mi médico considere necesaria. Comprendo que son propiedad de mi médico.

Initials *M. Klein*

Información sobre Anestesia General

Comprendo que no puedo manejar ningún vehículo, operar, ninguna maquinaria, firmar ningún documento legal, consumir ninguna bebida alcohólica ni tomar ningún medicamento APARTE DE LOS QUE ME HA RECETADO mi médico, cirujano u otro doctor, durante veinticuatro (24) horas después de que se me administró anestesia general. Comprendo que TENDO QUE TENER un adulto responsable que me llevé a mi casa, y que algún adulto se tiene que quedar conmigo por lo menos veinticuatro (24) horas después de la operación.

Ubo de cualquier responsabilidad al centro quirúrgico y a los médico si no cumple con estas instrucciones.

Initials *M. Klein*

Revisión Immunológica

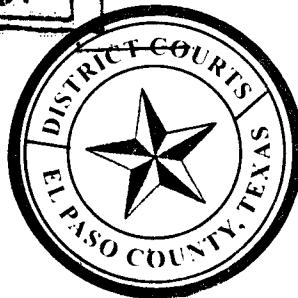
La ley estatal requiere que a cualquier paciente menor de 18 años de edad (excepto a menores de edad legalmente emancipados), se le revise su historial inmunológico cada vez que sea ingresado en un hospital. Esto incluye ingresos de pacientes hospitalizados y ambulatorios. Certifico que me han dado una copia de la lista de inmunizaciones.

Initials *M. Klein*

Situación NPO (nada por vía oral)

Certifico que (yo) (mi hijo/a) no he/han tomado nada de comer o beber, incluyendo agua, desde 4:45 AM (hora). Como tampoco no ha habido ningún cambio en mi/su condición física, tal como un resfriado o una infección.

Initials *M. Klein*



El Paso Day Surgery Surgery Scheduling Forum

EDDS Scheduling fax: 915.225.1702 Ph: 915.225.7652

Date fixed in 07/21/2016 by Marlene

Surgeon: — Terren Klein

Surgery Date: 07/27/2016 Time: 6:30 AM

Patient's Name Miguel Mares

Birkdale

258

PUNAN

Latent Allergy: Yes No Active Infection: Yes No

Insurance Co., Molina Health Care, Centenn 1113 3260276221

卷之三

Год 1997 г.

1000

Procedure: Right Shoulder Rotator Cuff Repair

CPT CODE: 23410 23130-59

Diagnosis: Supraspinatus Tendon Tear ICD-9 Code: 548.811A

Estimated time: 1 Hr

Acquisition: x General Local National Mag. Other

Patient 1 was 21 years old. Extent of jaw/Disorder was not before 10.41 years.

Equipment: Leitz inverted Microscope, CO₂ Incubator, Cell culture, Microscope

EXT. Measurements Mean Speed Other

'Imperial' Decades

Any other internal sequence

No Auth Required if Provider / facility In network
For external

NAME: MARES, MICHAEL A
ACCT# 24427
JDN: AMT: 52
DR: KLEIN, TERRANCE D MD
DODG: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KELIN TERRERA Section: Scanned Doc Page 26



6013

SCHEDULING FORM/ PRE-OP ORDERS

El Paso Day Surgery El Paso Specialty Hospital Del Sol SurgCenter

Patient Name: Miguel MaresDOB: 10/10/67SSN: 000-00-0000Allergies: N/cPhone Number: 915-547-1031

Alternate Number:

Insurance Name: MCMILLAN LC CENTER Policy ID: 32002 14221 Group# 1001

Authorization #

Insurance #:

Surgeon Name: KLEIN, MDDate of Surgery: 7/27/16Time: 6:30 AMDuration Time: 1 hr

Special Equipment:

Vendor Name:

Contact Number:

Pre-op Diag Code(s): 546.811APre-op/Post-op CPT Code(s): 2341023130-59

Operative Procedure/Consent Form:

rotator cuff repair R shoulderPre Op Lab: UA CBC BMP CMP PT RFT Chest Xray
 EKG Type & Screen units Type & Cross units

Preop/Intraop Antibiotic:

Special Instructions for patient:

Physician's Signature:

KleinDate: 6/6/16 Time: 1:00104 Antone
El Paso, TX 79933

NAME: MARES, MIGUEL A
 ACT#1: 24427
 DOB: 10/10/67 AGE: 50
 DR: KLEIN, TERREN D MD
 YR: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 10/10/67 Gender: Male
 Physician: KLEIN, TERREN Section Scanned Doc Page 27



Molina Healthcare 7/19/2016 2:55:30 PM PAGE 2/002 Fax Server
 Printed & Received on 7/19/2016 3:29:16 PM (PDT/Daylight Time)
 07/17/2016 7:30 AM F634 P001000

888MOLINA

Molina Healthcare of New Mexico
 Medicaid and Medicare Prior Authorization Request Form
 Phone: 1 (877) 262-0187

MEMBER INFORMATION			
Plan:	<input checked="" type="checkbox"/> Molina Medicaid Fax: 1 (888) 802-5711	<input type="checkbox"/> Molina Medicare Fax: 1 (505) 924-8258 Or 1 (855) 278-0310	<input type="checkbox"/> Other:
Member Name:	[REDACTED]		DOB: [REDACTED]
Member ID#:	3240270221	Phone:	[REDACTED]
Service Type:	<input checked="" type="checkbox"/> Emergency/Routine <input type="checkbox"/> Expedited/Urgent*		

*Definition of Urgent / Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.

Referral/Service Type Requested			
Inpatient	Outpatient		
<input type="checkbox"/> Surgical procedures <input type="checkbox"/> Admissions (all types) <input type="checkbox"/> SNF <input type="checkbox"/> LTAC	<input checked="" type="checkbox"/> Surgical Procedure <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other:	<input type="checkbox"/> Home Health <input checked="" type="checkbox"/> DME L3960 <input type="checkbox"/> In Office (Non-Par)	
Diagnosis Code & Description:	S11.81A Right Subclavicular fracture		
CPT/HCPC Code & Description:	23410, 23120-571 Right cuff Repair		
Number of visits requested for code:	1	DOS From	07/13/16 to 07/16/16
Number of visits requested for code:	1	DOS From	1/1/16 to 1/1/16
Number of visits requested for code:	1	DOS From	1/1/16 to 1/1/16

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION			
Requesting Provider Name:	Terren Klein, M.D.		
Provider/Facility Providing Service:	El Paso Day Surgery		
Provider/Facility NPI number:	1801576133 / 1407807050		
Contact at Requesting Provider's office:	[REDACTED]		
Phone Number:	(915) 833-3833	Fax Number:	(915) 523-0110

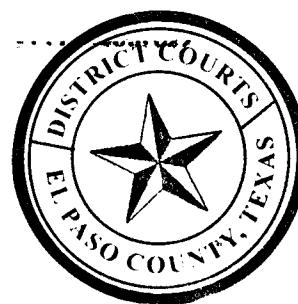
No Prior Auth Required 23410, 23120, L3960 When done outpatient with a contracted Facility/ Provider per 1.1.2016 Matrix

MARES, MIGUEL A
 MRN: 0024427 DOB: 07/27/2016 ACT# 24427
 DOB: [REDACTED] ACT# 59 Updated
 MS: KLEIN, TERREN D MD
 DOS: 07/27/16

Molina Healthcare

7/19/2016 2:55:30 PM

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN Section Scanned Doc Page 28



COUNTY LINE MEDICAL SERVICE INC.

745 County Line Dr., Suite A

Cherry Hill, NJ 08002

(873) 422-0077 • FAX (873) 422-0222

PATIENT: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 03/03/1957 Gender: Male

NAME: MARES, MIGUEL DATE: 07/14/16

RX

Orthopedic

① Sandlynn

SEARCH

REFILLS: 1, 2, 3, 4, 5

ROUTINE/URGENT

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 03/03/1957 Gender: Male
Physician: KLEIN, TERREN Section: Miscellaneous Page 6



Member: MIGUEL A MARES			
Identification #: 3203274271	Date of Birth: 03/01/2015		
Coverage Effective Date: 03/01/2015			
PCP Name: KATHLEEN N HALECS			
PCP Phone: (325) 321-5374			
PCP Location: 2225 W COLLEGE RD SUITE 200 PARKER 78043			
Patient Responsibilities:			
Office Visit	10.00	Emergency Room	10.00
Hospital Stay	82.00	Urgent Care	10.00
Prescription	50.00		
Ref ID: 30001124		Ref ID: 000116	
		RACHAEL ADY	
		RICHARD ROBERTS	

Antimicrobial care
we are providers as of
1/1/14
Ref is required from PCP

last triage @ 800-377-9594
7/14/16

PATIENT: MARES, MIGUEL A
MRN: 24427
LICH: [REDACTED] AGE: 59
DRG: KLEIN, TERREN D MD
DOB: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc: Page 29

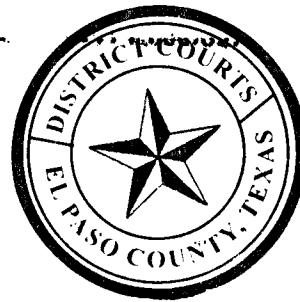


Members from the east, who are more likely to be
Satisfied with the job, are more likely to leave the firm.
Long Term Employees are more likely to leave the firm.
Self-Discipline is negatively associated with leaving the firm.
Practicing law, rather than being a lawyer, is positively associated with leaving the firm.
Zimbabweans are more likely to leave the firm.
Northern African Americans are more likely to leave the firm.
For each additional year of age, the probability of leaving the firm increases by 1.1%.
Lesser job satisfaction, higher turnover, and less self-discipline are associated with leaving the firm.

Emergency Services: Call 911 or go to the nearest emergency room.
DISASTER: 1-800-462-3882
State Disaster: 1-800-462-2082

NAME: MORES, MIGUEL A
ACI# 24427
CMB: 1100-1101 ATR# 59
SRI KLEIN, TERREN D MO
DSS: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERRI Section: Scanned Doc Page 30



Member: MIGUEL A MARES

Identification #: 1260276271

Date of Birth: [REDACTED]

Coverage Effective Date: 05-01-2016

PCP Name: KATHALEEN HALES

PCP Phone: (575) 521-5370

PCP Location: 2625 MCNUTT RD, SOUTHLAND PARK NM 83063

Patient Responsibility

Office Visit: \$0.00

Hospital Inpatient: \$0.00

Prescription: \$0.00

Emergency Room: \$0.00

Urgent Care: \$0.00

RXBIN: 004334

RXPCN: ADV

RXGSP: Rx0813

Major Codes: 654



NEW MEXICO

DRIVER'S LICENSE

ISSUED: 04/17/2013

EXPIRES: 04/03/2021

MARES
MIGUEL ASEX: M
WEIGHT: 160HEIGHT: 5'6"
EYES: BROWN
CLASS: D
LICENSE #: [REDACTED]EXPIRATION: 04/03/2021
RESTRICTIONS: NONE

Member Services: Call 1-800-322-2271
 Behavioral Health Services: 1-800-322-2271
 Long Term Care Services: 1-800-322-2271
 Self Direction: 1-800-322-2271
 Pharmacy: 1-800-322-2271
 Transportation: 1-800-322-2271
 Nurse Advice Line: For Doctor, Nurses, and Other Health Care
 For more information on services, contact Member Services, Member Services at 1-800-322-2271
 Services plan services, Member Services at 1-800-322-2271 (8:00 a.m. - 4:30 p.m.)

Emergency Services: Call 911 or go to the nearest emergency room.

Provider: 140-001119 or 140-001120

Address: PO Box 50000, El Paso, TX 79922

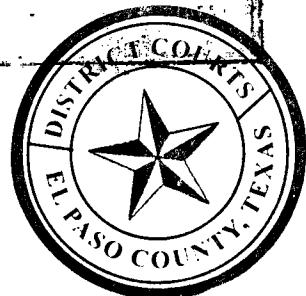
NAME: MARES, MIGUEL A

ACT #: 24427

DOB: [REDACTED]

DR: KLEIN, TERREN D [REDACTED]

DOS: 07/27/16



Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male

Physician: KLEIN, TERREN Section: Miscellaneous Page 2

Preferencias de comunicación del paciente sobre su PHI

Prefencias de comunicación por teléfono

F de Casa _____

NAME: MARES, MIGUEL A

MRN: 24427

F de Trabajo _____

T/F: [REDACTED] 1: 59

F de Celular (m) 915 1021

T/F: KLEIN, TERREN D MD

Otro _____

DTS: 07/27/16

Prefencias de comunicación por correo electrónico

Dirección de correo electrónico _____

Con el fin de servir mejor a nuestros pacientes y comunicarnos con ellos sobre sus servicios y obligaciones financieras usaremos todos los métodos de comunicación proporcionados para agilizar estas necesidades. Al proporcionar la información médica, seca que, El Paso Day Surgery o uno de sus agentes legales o asociados pueda usar los números telefónicos proporcionados para enviarme una notificación por correo, llamar usando un número de voz artificial pregrabado por medio del uso de un servicio autorizado de marcación o dejar un mensaje de voz en su contestadora telefónica.

Si se proporciona una dirección de correo electrónico, El Paso Day Surgery o uno de sus agentes legales o asociados puede contactarme con una notificación por correo electrónico sobre mi cuidado, nuestros servicios, o mi obligación financiera.

Prefencias de comunicación por correo:

Podemos enviar correo a la dirección de su hogar? (Si no, por favor proporcione una dirección postal alterna abajo)

Además de usted, su compañía de seguros y personal médico involucrado en el cuidado de su salud, ¿con quién podemos hablar sobre la información del cuidado de su salud? (Marque todos lo que apliquen)

Nombre	Teléfono
Espouse(s) _____	_____
Cuidador _____	_____
✓ Hijo(s) <u>Miguel Mares</u>	<u>253-7842</u>
Padre/Madre _____	_____
Otro _____	_____

Reconozco que se me ha dado la oportunidad de solicitar restricciones sobre el uso y/o la divulgación de mi información protegida de salud.

Reconozco que se me ha dado la oportunidad de solicitar medios alternativos de comunicación de mi información protegida de salud.

Miguel A. Mares
Firma del paciente o del representante personal

7-27-16

Fecha

Miguel A. Mares
Nombre

Relación con el paciente



14115.S-20140312003/NOTICEOFPRACTICE

ACUSE DE RECIBO DE LA NOTIFICACIÓN DE PRÁCTICAS DE PRIVACIDAD (NPP)

Se entrega una Notificación de prácticas de privacidad (NPP, *Notice of Privacy Practices*) a todos los pacientes. Esta Notificación de prácticas de privacidad identifica: 1) el modo en que puede usarse o divulgarse su información médica; 2) sus derechos a acceder a ella, modificarla, solicitar un detalle de las divulgaciones que se hubieran hecho sobre la información médica y solicitar restricciones adicionales sobre los usos y divulgaciones que hagamos respecto de la misma; 3) sus derechos a presentar quejas, en caso de que estime que se han violado sus derechos de privacidad; y 4) nuestras obligaciones de mantener la privacidad de su información médica.

El señalario certifica que ha leído el documento que antecede, que recibió una copia de la Notificación de prácticas de privacidad (NPP) y que es el paciente o el representante personal del mismo.

Migration Metrics

Nombre del paciente

Visited the writer

Firma del paciente:

91271-16

Fecha de la firma

Nombre del representante personal del paciente

Firma del representante personal del paciente

Fecha de la firma:

FOR INTERNAL USE ONLY

Esteja ^{FO} Gavina

Signature of Employee

If applicable, reason patient's written acknowledgement could not be obtained:

- Patient was unable to sign.
- Patient refused to sign.
- Other

**NOTICE OF PRIVACY
PRACTICES (NPP)
ACKNOWLEDGEMENT**

Answers - Additional Resources

CANARY ISLANDS

MAY 1973

NAME: MARES, MIGUEL A
ACN #: 24627
DOD #: ADM: 59
RPT: KLEIN, TERRON D MD
DATE: 02/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEM, TERREN Section Scanned Doc. Page 32



EL PASO DAY SURGERY

ACKNOWLEDGMENT OF PATIENT RESPONSIBILITY
RECONOCIMIENTO DE RESPONSABILIDAD DEL PACIENTE

PLEASE PROVIDE NAME AND PHONE NUMBER OF PERSON THAT WILL BE TAKING THE PATIENT HOME.

NAME: _____ PH #: _____

THE PERSON MENTIONED ABOVE IS EXPECTED TO STAY WITHIN OUR FACILITY DURING THE SURGERY UNTIL THE PATIENT HAS BEEN RELEASED.

SIGNATURE _____

PORFAVOR DE PROPORCIONAR EL NOMBRE Y EL NUMERO DE TELEFONE DE LA PERSONA QUE VA A TRANSPORTAR AL PACIENTE A LA CASA.

NAME: Anci Mares PH #: 253-7843

ES ESPERADO QUE LA PERSONA MENCIONADA ANTERIORMENTE PERMANEZCA DENTRO DE NUESTRAS INSTALACIONES DURANTE LA CIRUGIA HASTA QUE EL PACIENTE HAYA SIDO DADO DE ALTA.

FIRMA Miguel A. Mares

NAME: MARES, MIGUEL A
MRN: 0024427
DOB: REDACTED
DR: KLEIN, TERREN D MD
DOS: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: REDACTED Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 33



EL PASO DAY SURGERY

Re NAME: MARKS, MIGUEL A
MRN: 24427
11112 [REDACTED] 59
DR. KLEIN, TERREN D MD
07/27/16

EBOLA VIRUS DISEASE (EVD) SCREENING TOOL FOR REGISTRATION DEPARTMENT

Ebola Virus Disease (EVD) Screening

1. Have you traveled to or been in contact with anyone who has traveled to an Ebola-affected area (West Africa: Guinea, Liberia, Nigeria, Senegal, Sierra Leone) in the past 3 weeks?
Yes No
2. Had close contact with someone who recently traveled to West Africa or was ill?
Yes No
3. Had close contact with bats, rodents, or primates from West Africa Yes No
4. And if you have had a FEVER Yes No
5. If answer is yes, contact Pre-op Nurse to come to registration to question patient further regarding signs/symptoms of Ebola.
6. If signs/symptoms for Ebola present, Pre-op nurse will take patient to Isolation area, using proper protocol and contact Administrator/Nurse Manager

Administrator/Nurse Manager Responsibilities

1. The Administrator/Nurse Manager will contact Infection Prevention (through Texas Department of State Health Services at (915) 771-5702
2. El Paso CDC at (915)834-5950 / 24hr access (866)638-9753
3. Notify the patient's Physician.
4. Kathy Munoz, Tenet VP Patient Safety & Risk Management at (469) 893-2114

Administrator/Nurse Manager Signature/Date/Time (To be signed if notification necessary)

Rev. October 13, 2014

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 34



FORMULARIO DE AUTORIZACIÓN

DIVULGACIÓN DE INFORMACIÓN:

Yo autorizo que el Centro pueda revelar mi "información protegida referente a la salud" (IPI) exigido por la ley de Privacidad Federal de "confidencialidad de la información sobre la Salud" (HIPAA). Disponentes de la Privacidad cuales incluyen mi historial médico, o una parte de los contribuyentes, incluyendo, pero no limitado a los aseguradores de salud, planes del cuidado de salud, los organismos estatales y federales, compensación a los trabajadores transportistas, informantes requeridos por la FDA en la vía de dispensarios médicos u su empleador. Esto incluye una adecuada liberación de y revelación de mis registros médicos exigidos por las disposiciones de la Privacidad a mis médicos y otros proveedores de atención de salud cuando sea necesaria para el tratamiento y la salud en general. Estando en el centro para tratamiento y atención, la planta tiene permiso para revelar información pertinente a los miembros de la familia, los amigos, o designados ciudadanos que están presentes. Yo entiendo que si no estoy presente en la instalación, mi información médica de salud no será divulgada a menos que esté de acuerdo con la revelación.

RESPONSABILIDAD FINANCIERA:

Estoy de acuerdo en pagar al Centro bajo sus condiciones y tasas regulares, tales como el co pago, coaseguro, deducible que se establece en el acuerdo que los servicios son prestados. Tengo entendido que el monto a pagar establecido en el momento de servicio es una estimación y gastos adicionales pueden ser acumulados durante el tiempo de servicio. Entiendo los cargos no cubiertos dentro de mi responsabilidad. Incumplimientos con pagos a su balance puede sesionar que su cuenta sea entregada a una agencia de cobros.

Términos: 30 días a partir de la fecha de factura, a menos que se indique lo contrario. Colecciones deben de ser necesarias, respetuosas y a pagar estoy de acuerdo con los gastos de recaudación adicionales y a todos los honorarios legales de la recaudación incluidos los honorarios de abogados, costos judiciales y honorarios de inscripción.

ASIGNACIÓN DE LAS PRESTACIONES DEL SEGURO:

Yo autorizo pago directo al centro de cualquier beneficio de seguro. Yo entiendo que soy responsable de los cargos no pagados por mi compañía aseguradora y estoy de acuerdo en pagar los saldos pendientes en la cuenta no más de 55 días después de la fecha de servicio.

DIVULGACIÓN DE LA PROPIEDAD:

El médico que se refiere a nuestro Centro de Cuidado puede tener unos bienes de propiedad en esta planta. Usted es libre de elegir su negación para que reciba servicios. Ha sido informado de esta relación tanto por escrito como oralmente antes de la fecha de servicio.

POLÍTICA DE DIRECTIVAS MÉDICAS POR ADELANTE:

Yo entiendo que hay diferentes tipos de directivas por adelantado, las dos formas más comunes son testamentos de vida y power of attorney para el cuidado de la salud. Tengo entendido que en el entorno de cuidado ambulatorio, si sufrío un paro cardíaco e insuficiencia respiratoria que pone en peligro la vida, la firma de este documento otorga el consentimiento para la resucitación y traslado a un nivel superior de atención. Conquistadamente exigido por la ley Federal, el Centro le avisa de que no se negarán las directivas médicas por avanzado momento, pero lo rendida al centro receptor si se lo transporta. Si esto no es aceptable para Usted, usted debe hacer este tema con su médico y arriesgarse a anestesia. Ha sido informado de nuestra política las Directivas Médicas por adelantado tanto por escrito como oralmente antes de la fecha de servicios y entender nuestra política.

AVISO DEL ACTO DE LA PRIVACIDAD HIPAA:

He firmado que he recibido el servicio de aviso del acto de la privacidad HIPAA y he tenido la oportunidad de revisar su contenido.

NAME: MARES, MIGUEL A.
MRN: 24427
DOD: [REDACTED] SSN: 59
LHN: KLEIN, TERREN D. MD
DOD: 07/27/2016

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 1

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 35



FORMULARIO DE AUTORIZACION

DERECHOS DE LOS PACIENTES Y RESPONSABILIDADES:

Heo que he recido mis derechos de los pacientes y las responsabilidades por escrito y he comprendido lo que he leido.

Heo que he sido informado de los siguientes elementos:

Investigación de Propiedad

Política de Directivas Médicas por Adelantado

Arto de la Privacidad HIPPA

Derechos de los Pacientes y Responsabilidades

Firma del paciente o Tutor:

X Miguel A. Mares

Parentesco con el paciente (en caso necesario):

Testigo:

Nombre:

Apellido:

7-3-7-66

SANAS MARES, MIGUEL A
ACT# 24427
MRN: AGE: 59
PHYSICIAN: KLEIN, TERREN D MD
DOB: 07/27/14

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 36

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 36



Clinical Research Study Questionnaire

Date 07-27-2016

Printed Record No. 632827

1. Are you participating in a research study?

Check one Yes No Don't know

2. If yes, please complete the required information below:

સાધુ પદ્માનાભ

Name of physician conducting study:

Physical contact etc

六四

PREGNANCY

Signature of Policyholder/Legally Designated Representative

X in equal & ineq. obs

2-27-14

PERMIT NUMBER: 0324-27 CDS 03272015 CDS [REDACTED] Gender: Male
Fiscal: KEP1, TERRIT. Sector: Concessions Page 1

NAME: RODAS, MIGUEL A
ACT #: 24427
DOB: [REDACTED] AGE: 59
DR: KLEIN, TERRY D MD
DOC #: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Scanned Doc Page 37



Version 5.2.9.0

No allergies

Unknown Allergies

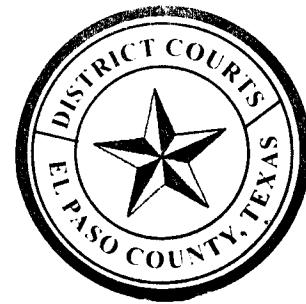
Allergies

Reason:

--

Reviewed By: electronically signed by HERNANDEZ, YVETTE, RN on 07/27/2016 08:23

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Allergies Page 1



Home Medication List

Version 5.2.0.1

No Home Medications

Admission Reconciliation Completed
 Discharge Reconciliation Completed

No Home Medications

--

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Medications Page 1



Version 4.4.4.0

Reviewed By

Reviewed By

<u>Review Type</u>	<u>Staff</u>	<u>Area</u>	<u>Date</u>	<u>Time</u>
Allergy	HERNANDEZ, YVETTE	PreOp	07/27/2016	08:23
<u>Comment</u>				

Patient : MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male
Physician : KLEIN, TERREN Section Medications Page 3



Version 5.2.9.0

Medication List

 Discharge Reconciliation Complete

Patient: MARES, MIGUEL

Address: [REDACTED]

DOB:	[REDACTED]				
Height:	0.0	Cm	Height:	0.0	In
Weight:	0	Kg	Weight:	0	Lbs
BMI:	0.0				

Allergies: No Known Allergies

Continue - Not Applicable.

Changed - Not Applicable.

New - Not Applicable.

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section: Medications Page 5



Vitals

Height (in.) Weight (lbs.) BMI

--	--	--

Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
07:42	07/27/2016	HERNANDEZ, JUAN	PACU1	155/96	83	24	98.3	Temporal-T	10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>				<u>HGB GLU</u>		
Mask		94		0					
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
07:45	07/27/2016	HERNANDEZ, JUAN	PACU1	152/97	84	20			10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>				<u>HGB GLU</u>		
Mask		97		0					
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
07:50	07/27/2016	HERNANDEZ, JUAN	PACU1	136/84	84	19			10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>				<u>HGB GLU</u>		
Mask		98		0					
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
07:55	07/27/2016	HERNANDEZ, JUAN	PACU1	143/93	75	18			10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>				<u>HGB GLU</u>		
Mask		98		0					
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
08:00	07/27/2016	HERNANDEZ, JUAN	PACU1	133/88	72	20			10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>				<u>HGB GLU</u>		
Mask		98		0					
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
08:15	07/27/2016	HERNANDEZ, JUAN	PACU1	149/99	74	20			10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>				<u>HGB GLU</u>		
Mask		97		0					
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
08:30	07/27/2016	HERNANDEZ, JUAN	PACU2	137/88	72	18			
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>				<u>HGB GLU</u>		
Room Air		93		0					

See Footnote #1.

Reviewed By:

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN Section: PreOp Page 1
 Footnote information follows on page 2



PreOp / Vitalsv42 - Footnote Information:

1)	Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
	08:55	07/27/2016	HERNANDEZ, JUAN	PACU2	131/82	68	20	98	Temporal-T	
	O2 Source	O2 Sat	End Tidal CO2	Pain Ind...	PT/ INR		HGB	GLU		
	Room Air	96		0						

Patient : MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male
 Physician : KLEIN, TERREN Section : PreOp Page 2
 End of Footnote Information



Pre-Operative Assessment - Page 1

Admission Time PreOp Staff

PreOp Start Time PreOp End Time

Patient Identification

Accompanied by Responsible Adult

ID Verified/Band On Yes No Allergy(s) Band On Yes NA

NPO

Nursing Assessment

Mental Status

Level of Consciousness

Ambulatory Status: Gait Steady Other

Cardiovascular: WNL EKG NSR Other

Pacemaker AICD

Respiratory: Breath Sounds Clear to Auscultation Other

Pain Scale: Pain Location:

Communication

Language Hearing Impaired Special Needs

Skin:

Intact Eczema Skin Cancer Psoriasis Body Jewelry

Other

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: Gender: Male
Physician: KLEIN, TERREN Section PreOp Page 3



Pre-Operative Assessment - Page 2

Gastrointestinal: Abdomen Soft/Non Distended Other _____Musculoskeletal History VNL

Arthritis Limited ROM Neck Problems Amputations _____ Paralysis

Back Problems Prostheses _____ Other _____

Genitourinary: Not Applicable Last Void Time _____Last Menstrual Period _____ Not Applicable hCG POS NEG

Endocrine Assessment

Blood Sugar Not Applicable _____ Taken By Patient StaffDiabetes Type I Type II Hypoglycemia Thyroid Disease Steroid Therapy

Surgical Site

 Surgical Site Hair Removal Type of Hair Removal _____IV Start IV Not Applicable

Time Inserted 06:05

Inserted By HERNANDEZ, YVETTE

IV Site Right Left

Hand

Catheter Gauge 20G

Attempts 1

Attempt Sites

Solution LR

Size 1000mL

Other Meds

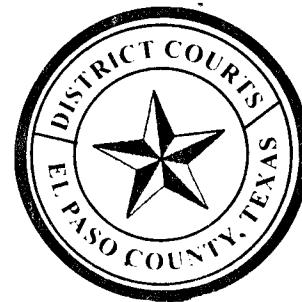
 NS LooPiggy Back Line Not Applicable

Time Started _____

Solution _____

Medication Added _____

Time Ended _____



Pre-Operative Assessment - Page 3

Anesthetic: Not Applicable Block by:

Block Completed At

Site:

Block Time Out

Oxygen Applied Via

O2 L/min

Patient Belongings

 Glasses Contacts Hearing Aids Dentures Jewelry Prosthetic Other

To OR Via

 Stretcher Ambulatory Capped Other

PreOp RN

Signature:

electronically signed by HERNANDEZ, YVETTE, RN on 07/27/2016 06:22

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: Gender: Male

Physician: KLEIN, TERREN Section PreOp Page 5



Surgical Safety Checklist Pre Op - Page 1

Preoperative Area

H-8 P \leq 30 Days	<input checked="" type="checkbox"/>
OR Consent \leq 30 Days	<input checked="" type="checkbox"/>
Anesthesia Consent	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A
Conscious Sedation Consent	<input type="checkbox"/> <input checked="" type="checkbox"/> N/A
Surgery Orders	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> \leq 30 Days
Labs/EKG/X-Rays	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> On chart
Antibiotics	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Ordered
Site	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Marked <input type="checkbox"/> Wristband
Patient Ready for OR	<input checked="" type="checkbox"/>

Pre-Op RN

Signature: electronically signed by HERNANDEZ, YVETTE, RN on 07/27/2016 06:22

Intraoperative Verification of Patient Identity

Confirm about patient, ID & L, surgeon, anesthetist, procedure, site/side
 Site: N/A Marked
 Wristband Allergies Reviewed Anesthesia Safety Check Airway Issues Addressed
 Implants / Special Equipment Placed

Circulator RN

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:21

Here Stop Time Out - Before Stop Incision

Time Out Time: 07:02

All team members introduce themselves by name and role
 All team members verbally confirm Patient, procedure, site, with mark visible within draped field, if applicable
 Fire risk evaluated - Alcohol prep evaporated, high risk potential reviewed N/A
 VTE risk evaluated N/A SCDs in place
 Hypothermia risk, warmer in place N/A

Anticipated Critical Events:

Surgeon: Critical safety: Expected operative duration, Anticipated EBL, Specimens
 Anesthesiologist: Patient-specific concerns
 Nursing: Issues or concerns, Drugs/solutions labeled, sterility confirmed, equipment functioning properly

Preoperative prophylactic antibiotics: N/A Given within 60 minutes and documented accuratelyEssential Imaging: N/A Displayed

Circulator RN

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:21

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN Section PreOp Page 6

Version 4.4.7.0

Patient **MARES, MIGUEL**Case **07/27/2016****Intake**

Date	Time	Area	Intake (mL)	Type
07/27/2016	07:42	IntraOp	Intravenous (1400)	LR
07/27/2016	08:18	PACU2	Oral (100)	ice/water
07/27/2016	08:40	PACU2	Intravenous (300)	lr

Intake Totals

Pre-OP Total : 0

Intra-OP Total : 1400

PACU1 Total : 0

PACU2 Total : 400

Extended Care Total : 0

PAT Total : 0

24 Hour Total : 1800

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male
 Physician : KLEIN, TERREN Section PreOp Page 7



PreOp Nurse Notes

Refer to paper chart for complete chart.

RN Signature:

Signature:

electronically signed by HERNANDEZ, YVETTE, RN on 07/27/2016 12:38

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section: PreOp Page: 8



Surgical Safety Checklist: Intra Op - Page 1

Preoperative Area

Wristband	<input checked="" type="checkbox"/>
3F, Peri, Med & Rx Chart	<input checked="" type="checkbox"/>
Antibiotic/ASAT/ATG	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A
Consent/Sedation/Consent	<input type="checkbox"/> <input checked="" type="checkbox"/> N/A
Surgery Order/c	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> < 30 Days
Lab/DTL & MRI req.	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> On chart
Antibiotics	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Ordered
Site	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Marked <input type="checkbox"/> Shaved
Proxim Fresh Air D/F	<input checked="" type="checkbox"/>

Pre-Op RN

Signature: electronically signed by HERNANDEZ, YVETTE on 07/27/2016 05:21

Intra Op: Time Out - before incision

Confirm about patient: ID x 2, surgeon, consent, procedure, site/side

Site: N/A Marked

Wristband Allergies Reviewed Anesthesia Safety Check Airway Issues Addressed

Implants / Special Equipment / Blood

Circulator RN

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:21

Time Out: Time: 07:02 - before incision

All team members introduce themselves by name and role

All team members verbally confirm Patient, procedure, site, with mask visible within draped field, pm

Fire risk evaluated - Alcohol prep evaporated, high risk potential reviewed N/A

VTE Risk evaluated: N/A SCDs in place

Hypothermia risk, warmer in place: N/A

Anticipated Critical Events:

Surgeon: Critical steps, Expected operative duration, Anticipated EBL, Specimens

Anesthesia: Patient-specific concerns

Nursing: Issues or concerns: Drugs/solutions labeled, sterility confirmed, equipment functioning properly

Preoperative prophylactic antibiotics: N/A Given within 60 minutes and documented accuratelyEssential Imaging: N/A Displayed

Circulator RN

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:21

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section IntraOp Page 1

Version 4.5.11.0

Implants

Description	Site	Key	Qty Sched	Qty Used	Qty Returned	Qty Wasted	Serial#	Lot#	Exp. Date
IMPLANT SUT ANCHOR, BIOCOPPOSITE 5.5MM (AR-1927BCNF)	R Right Shoulder	AR.	1927BCNF	1	0	0		100277 07	01/31/2018
<u>Comments</u>									
ARTHREX REF AR1927BCNF									

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male
 Physician : KLEIN, TERREN Section IntraOp Page 2



Surgical Safety Checklist Intra Op - Page 2

Before patient leaves OR

Confirm diagnosis and procedure performed Counts not applicable for procedure

All final counts correct N/A

Specimens: how labeled and disposition N/A

Equipment problems to be addressed N/A

Surgery, anesthesia and nursing review concerns ie: transfer/mgmt in PACU/Other

Circulator RN:

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:22

Anesthesia/ICU Transfer to PACU/Other

Patient: identity, name, age, weight

Surgical procedure diagnosis

Medical history

 Gastroesophageal Reflux Disease

 Medications: steriods

Anesthesia management N/A

 Sedatives, narcotics, reversal agents

 Muscle relaxants, recovery

 Anticipated and actual complications

Summary of fluid/balance N/A

 CVP and urine output

 Fluids and blood components

Vital Signs:

 Pulse ox, BP, EKG, temp

 Respiratory, oxygenation, ventilation

 Hemodynamics, fluids, vasopressors

 Expected vital signs and LOC

 Pain: assessment and plan of care

 Critical values / pending lab tests

 Disposition: Home, floor, other

PACU RN

Signature: electronically signed by HERNANDEZ, JUAN on 07/27/2016 07:56

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section IntraOp Page 3

Intra-Operative Assessment - Page 1

Pre-Operative Diagnosis:

S46.811A STRAIN OF OTHER MUSCLES, FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER.

Post-Operative Diagnosis:

SAME

Scheduled Operative Procedure:

Right Shoulder Rotator Cuff Repair - Right, ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE;

Performed Operative Procedure:

OPEN RIGHT SHOULDER ROTATOR CUFF REPAIR

Date:	07/27/2016	OR#:	OR#2
Pt. in Room:	06:38	Pt. Out of Room:	07:42
Procedure Start:	07:02	Procedure Finish:	07:35
Anes. Start:	06:38	Anes. Finish:	07:46
Anesthesia Type:	General/Adult	ASA:	2
Anesthesiologist/CRNA:	VADILATIFF, HELENA		
Surgeon:	KLEIN, TERREN	Assistant:	ACORDOVALSA
Circulator I:	SOSA, ROSA	In Time:	06:38
Circulator II:		In Time:	
Scrub I:	GALLARDO, FRANK	In Time:	06:38
Scrub II:	DRTEGA, ELISA	In Time:	06:38
To OR via:	<input checked="" type="checkbox"/> Stretcher <input type="checkbox"/> Ambulatory <input type="checkbox"/> Canned <input type="checkbox"/> Other		
NPO:		Comments:	
Level of Consciousness:	Sedated		

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN Section IntraOp Page 4



Intra-Operative Assessment Pg2

Musculoskeletal Status

<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> Traction	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Recent surgery/affecting positioning	<input type="checkbox"/> Limited ROM
<input type="checkbox"/> Amputation	<input type="checkbox"/> Use of assisted device	<input type="checkbox"/> Other	<input type="text"/>		

Position

<input type="checkbox"/> Supine	<input type="checkbox"/> Prone	<input type="checkbox"/> Trendelenberg	<input checked="" type="checkbox"/> Beach Chair	<input type="checkbox"/> Lateral	<input type="checkbox"/> Right	<input type="checkbox"/> Left		
<input type="checkbox"/> Jackknife	<input checked="" type="checkbox"/> Safety Strap Applied			Location:	<input type="checkbox"/> Arms	<input type="checkbox"/> Calf	<input checked="" type="checkbox"/> Thighs	<input type="checkbox"/> Torso
<input type="checkbox"/> Other	<input type="text"/>							

Position Tools Not Used

<input type="checkbox"/> Padded Arm Boards	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
<input type="checkbox"/> Ulnar Protectors	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
<input type="checkbox"/> Arms Tucked	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
<input type="checkbox"/> Shoulder Rolls	<input type="checkbox"/> Chest Rolls		
<input type="checkbox"/> Pillows, Towels, Blankets	<input type="checkbox"/> UNDER KNEES		
<input type="checkbox"/> Sandbags	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Foam Pads	<input type="checkbox"/> Sea Footnote #2		
<input type="checkbox"/> Hand Table	<input type="checkbox"/> Arthroscopy Knee Holder	<input type="checkbox"/> Right	<input type="checkbox"/> Left
<input type="checkbox"/> Other	<input type="checkbox"/>		

Positioned By: **DR KLEIN AND ACORDOVA**

<input type="checkbox"/> Finger Traps	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
<input type="checkbox"/> U-Shaped Arm Holder			
<input type="checkbox"/> Shoulder Traction	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> lbs
<input type="checkbox"/> Arm Abducted (90 degrees)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
<input checked="" type="checkbox"/> Head Rest			
<input type="checkbox"/> Axillary Roll			
<input type="checkbox"/> Bean Bag			
<input type="checkbox"/> Footboard			
<input type="checkbox"/> Beach Chair Table			
<input type="checkbox"/> Lateral Posit	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
<input type="checkbox"/> Prone Pillow			
<input type="checkbox"/> Forked Thigh			

IV Start

 IV Not Applicable

Time Inserted

Inserted By

IV Site

 Right Left

Catheter Gauge

Attempts

Attempt Sites

Solution

Size

Total Amount Infused

 NS LocPatient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: Gender: Male

Physician: KLEIN, TERREN Section: IntraOp Page 5

Footnote Information follows on page 6



IntraOp /EPSOIntraOpOrthoPg2v2 - Footnote Information:

2) UNDER HEELS AND ANKLES, ARM CRADLE TO LEFT ARM

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male
Physician : KLEIN, TERREN Section IntraOp Page 6
End of Footnote Information



Intra-Operative Assessment - Page 3

Risk for Infection: Not Applicable Skin Intact Pre-Op Other Skin Intact Post-Op OtherSkin Prep Not Applicable

Skin Prep Completed By SOSA, ROSA

 Betadine Solution Alcohol Chlorhexidine Gluconate Prevail Betadine Scrub Hibiclens Other

Prep Site: RIGHT SHOULDER AND ARM

Wound Classification: I: Clean II: Clean - Contaminated III: Contaminated IV: Dirty - Infected

Risk for Hypothermia: Not Applicable Warming Blanket Applied Warm IV Fluid Warm Irrigation Other WARM BLANKETS APPLIED

Risk for Injury

VTE Prophylaxis: Not UsedTED Stockings: Yes NoSequential Stockings: Yes No

Unit #: E48405

 OtherElectrical Equipment: Not Used

Electrosurgical Unit #: 04HGE008

Bipolar

Settings Cut 40 COAG 40

Monopolar

Blend

 Grounding Pad Site LEFT THIGH

Lot #: 201604194

Applied By: SOSA, ROSA

Counts: 1st Count 2nd Count 3rd Count

Sponge: Correct Correct Correct Incorrect Not ApplicableSharps: Correct Correct Correct Incorrect Not ApplicableNeedles: Correct Correct Correct Incorrect Not ApplicableInstruments: Correct Correct Correct Incorrect Not Applicable Surgeon Notified of Counts RN SOSA, ROSATourniquet #1 Not Used Tourniquet Unit #

Pressure At:

Location: Arm: Right LeftThigh: Right LeftAnkle: Right Left Other

Up: Down:

Tourniquet #2 Not Used Tourniquet Unit #

Pressure At:

Location: Arm: Right LeftThigh: Right LeftAnkle: Right Left Other

Up: Down:

C-Arm Unit: A B

Fluoro Time: min sec

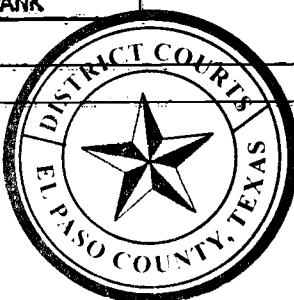
Patient/Staff Protection: Yes No

If Counts Incorrect: X-Ray Taken

 Yes No

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male

Physician: KLEIN, TERREN Section IntraOp: Page 7



Intra-Operative Assessment Pg4

Drains/Catheters: Not Used

Type:

 Foley

Size:

Inserted By:

Drain Location:

 Jackson Pratt Penrose Other DrainDressings Not Applicable

4x4 ABD Ace Wrap Adaptic Brace/Immobilizer Coban Cold Therapy Unit Conform
 Cotton Ball Dermabond Fruits Immobilizer Kerlock/King Mastisol Sling Splint/Cast Stein-Strips
 Tape Tegaderm Soft Roll Xeroform Other

Packing: Yes NoSite: Type:
Irrigation: Not UsedType 0.9% NaClAmount 500mL

OR Discharge Assessment:

Patient's surgery/procedure performed using aseptic technique and in a manner to prevent cross-contamination.
 Skin remains smooth, intact, non-eddened, non-irritated, free of bruising.
 Core body temperature remains in expected range.

Patient Discharged To:

 PACU Other

Via

 Wheelchair

Report Given To:

 HERNANDEZ, JUAN

RN:

Signature:

electronically signed by SOSA, ROSA on 07/27/2016 08:23

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: Gender: Male
 Physician: KLEIN, TERREN Section IntraOp Page 6



IntraOp.Nurse Notes

INTERSCALENE BLOCK TO RIGHT SHOULDER DONE BY DR H LATTIFF PRIOR TO INDUCTION. AFTER INDUCTION POSITIONED SEMI FOWLER'S BY DR KLEIN AND A CORDOVA LSA. PILLOW UNDER KNEES. FOAM PADS UNDER HEELS AND ANKLES. ARM CRADLE TO LEFT ARM AND SECURED ACROSS CHEST W/ TAPE ALL BONEY PROMINENCES PADDED. SAFETY BELT IN PLACE.

RN Signature:

Signature:

electronically signed by SOSA, ROSA on 07/27/2016 07:17

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male
Physician : KLEIN, TERREN Section IntraOp Page 9



Version 4.4.7.0

Patient **MARES, MIGUEL**Case **07/27/2016****Intake**

Date	Time	Area	Intake (mL)	Type
07/27/2016	07:42	IntraOp	Intravenous (1400)	LR
07/27/2016	08:18	PACU2	Oral (100)	Ice water
07/27/2016	08:40	PACU2	Intravenous (300)	tr

Intake Totals

Pre-OP Total : 0

Intra-OP Total : 1400

PACU1 Total : 0

PACU2 Total : 400

Extended Care Total : 0

PAT Total : 0

24 Hour Total : 1800



Operative Report

Patient: **MARES, MIGUEL**

Date of Procedure: **07/27/2016**

Preoperative Diagnosis:

S46.811A STRAIN OF OTHER MUSCLES FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL RIGHT ARM INITIAL ENCOUNTER:

Postoperative Diagnosis:

SAME

Planned Procedure:

R: Shoulder Rotator Cuff Repair - Right, ACROMIPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE;

Performed Procedure:

OPEN RIGHT SHOULDER ROTATOR CUFF REPAIR

Surgeon: **KLEIN, TERREN**

Anesthesiologist: N/A **VADI-LATIFF, HELENA**

Complications: None See Dictation

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: Gender: Male
Physician: KLEIN, TERREN Section IntraOp Page: 11



Surgical Safety Checklist: PACU - Page 2

Before patient leaves OR

Confirm diagnosis and procedure performed

All final relevant reports

Specimens have labeled and disposition

Equipment problems to be addressed

Surgery, anesthesia, and nursing review complete. Transfer/ingress to PACU/Other

Code N/A (not applicable OR not needed)

N/A

N/A

Signature (RN)

Signature: electronically signed by SOSA RDSS on 07/27/2016 07:21

Anesthesiology Transfer to PACU/Other

Patient identity: name, age, weight

Surgical procedure/diagnosis

Medical History:

- Significant concomitant disease
- Medications, allergies

Anesthetic management: N/A

- Sedatives, narcotics, reversal agents
- Muscle relaxants, recovery
- Antiemetics and antibiotics (time)

Summary of fluid balance: N/A

- EBL and urine output
- Fluids and blood components

Initial Care:

- Pulse ox, BP, EKG, temp
- Resp: airway, oxygenation, ventilation
- Hemodynamics, fluids, vasopressors
- Expected vital signs and LOC
- Pain: assessment and plan of care
- Critical values/pending lab tests
- Disposition: Home, floor, other

PACU RN:

Signature: electronically signed by HERNANDEZ JUAN on 07/27/2016 07:56

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN Section PostOp Page 1



Version 5.2.10.5

Vitals

Height (in.) Weight (lbs.) BMI

--	--	--

Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
07:42	07/27/2016	HERNANDEZ, JUAN	PACU1	156/96	83	24	98.3	Temporal-T	10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>					<u>HGB GLU</u>	
Mask				94	0				
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
07:46	07/27/2016	HERNANDEZ, JUAN	PACU1	152/97	84	20			10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>					<u>HGB GLU</u>	
Mask				97	0				
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
07:50	07/27/2016	HERNANDEZ, JUAN	PACU1	136/84	64	19			10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>					<u>HGB GLU</u>	
Mask				98	0				
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
07:55	07/27/2016	HERNANDEZ, JUAN	PACU1	143/93	75	18			10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>					<u>HGB GLU</u>	
Mask				96	0				
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
08:00	07/27/2016	HERNANDEZ, JUAN	PACU1	133/85	72	20			10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>					<u>HGB GLU</u>	
Mask				98	0				
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
08:15	07/27/2016	HERNANDEZ, JUAN	PACU1	149/99	74	20			10
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>					<u>HGB GLU</u>	
Mask				97	0				
Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
08:30	07/27/2016	HERNANDEZ, JUAN	PACU2	137/88	72	18			
<u>O2 Source</u>	<u>O2 Sat</u>	<u>End Tidal CO2</u>	<u>Pain Ind... PT/INR</u>					<u>HGB GLU</u>	
Room Air				93	0				

*See Footnote #33.

Reviewed By:

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN Section PostOp Page 2
 Footnote Information follows on page 3



PostOp/Vitalsv42 - Footnote Information:

3)	Time	Date	Taken By	Source	BP	Pulse	Resp	Temp	Temp. Method	O2L
	08:55	07/27/2016	HERNANDEZ, JUAN	PACU2	131/82	68	20	98	Temporal-T	
	O2 Source	O2 Sat	End Tidal CO2	Pain Ind...	PT/INR	HGB	GLU			
	Room Air	95		0						

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN. Section PostOp. Page 3
 End of Footnote Information



PACU I: Assessment - Page 1

PACU I Staff HERNANDEZ, JUAN

PACU I Start.

07:42

PACU I End.

08:14

 Patient Identity Confirmed

Patient Transported to PACU via

Stretcher

Other

Surgeon

KLEIN, TERREN

Anesthesia Provider

VADIL LATIFF, HELENA

Anesthesia Type

General/Adult

Performed Procedures

OPEN RIGHT SHOULDER ROTATOR CUFF REPAIR

Estimated Blood Loss:

Total Input:

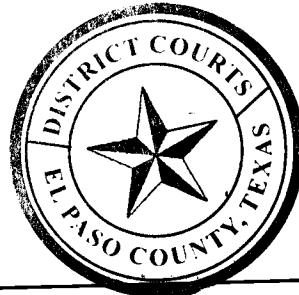
Report Received From:

SOSA, ROSA

Aldrete Evaluation / Score:

	07:42	07:50	08:14		
Able to move 4 extremities	2				
Able to move 2 extremities	1	2			
Able to move 0 extremities	0				
Deep breath / Cough Deeply	2				
Dyspnea or Limited breathing	1	1	2		
Apnea	0				
BP +/- 20mm of Preanesthesia Level	2				
BP +/- 20-50mm of Preanesthesia Level	1	2	2		
BP +/- 50mm of Preanesthesia Level	0				
Fully Awake	2				
Responsive on calling	1	1	1	2	
Not responding	0				
Pink	2				
Pale, dusky, blotchy, jaundice	1	2	2		
Cyanotic	0				
Total:	8	9	10	0	0

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN Section PostOp Page 4



PACU I Assessment - Page 2

Time	07:42	07:50	08:14		
Airway	Nasal	Patent	Patent		
Lung Sounds	CTA	CTA	CTA		
Cardiac Status	NSR	NSR	NSR		
Level of Consciousness	Sedated	Asleep	Awake		
Mental Status	Calm	Calm	Calm		
IV	Intact/Infusing	Intact/Infusing	Intact/Infusing		
Pain Score	0	0	0		
Pain Location					
OP Site I Location	right shoulder	left shoulder	right shoulder		
Dressing	CDI	CDI	CDI		
OP Site II Location					
Dressing					
Skin	Warm/Dry	Warm/Dry	Warm/Dry		
GI	ABD Soft/Non-Dts	ABD Soft/Non-Dts	ABD Soft/Non-Dts		
GU	Soft/Non-Dts	Soft/Non-Dts	Soft/Non-Dts		
Nausea	No Complaints	No Complaints	No Complaints		
Normothermia	Warm Blanket	No Intervention	No Intervention		
Pulses	Regular/Bounding	Regular/Bounding	Regular/Bounding		
Pulses Location					
Emergency					

PACU II

--

Vital Signs Stable Pain tolerated Patient ready for discharge to Phase II

Report Given To: **HERNANDEZ, JUAN**

RN:

Signature:

electronically signed by **HERNANDEZ, JUAN** on 07/27/2016 08:01

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section PostOp Page 5



PACU II Assessment - Page 1

PACU II Staff

HERNANDEZ, JUAN

PACU II Start

08:18

PACU II End

09:05

Report Received From

HERNANDEZ, JUAN

Aldrete Evaluation / Score

	08:18	08:48
Able to move 4 extremities.	2	
Able to move 2 extremities	1	2
Able to move 0 extremities	0	
Deep breath / Cough Deeply	2	
Dyspnea or Limited breathing	1	2
Apnea	0	
BP +/- 20mm of Preanesthesia Level	2	
BP +/- 20-50mm of Preanesthesia Level	1	2
BP +/- 50mm of Preanesthesia Level	0	
Fully Awake	2	
Arousalable on calling	1	2
Not responding	0	
Pink.	2	
Pale, dusky, blotchy, jaundice.	1	2
Cyanotic	0	
Total:	10	10

PACU III

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN Section PostOp Page 6



PACU II Assessment - Page 2

Operative/Procedure Site

Site I Location: right shoulder

Site II Location: _____

 Site I Dry and Intact Site II Dry and Intact Site I Drainage Present Site II Drainage Present

Site I Drainage Color: _____

Site II Drainage Color: _____

Discharge Summary

Yes No N/A

- Patient Given Specialty Instruction Sheet
- Patient Denies or Easily Tolerates Pain
- Patient Tolerating PO Fluids Well
- Patient Able to Ambulate/Transfer
- VS Stable
- IV Discontinued: Without Redness/Edema
- Urinary Catheter Removed
- Patient Voided or has not Voided but Comfortable
- Patient Given Discharge Instructions
- Patient/Caregiver Verbalizes Understanding
- Prescription Info Given to Patient/Caregiver
- Dressings Checked
- BS CTA - bilaterally
- Abdomen soft/non-tender
- Limb elevated with normal CMT
- Application of Post op Device
- Crutch Instruction Given

Discharge Staff: (HERNANDEZ, JUAN)

Discharge Time: 09:05

Discharge Date: 07/27/2016

Discharge Mode: Wheelchair

Other: _____

Discharge Status: Home

RN:

Signature:

electronically signed by HERNANDEZ, JUAN on 07/27/2016 12:49

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
 Physician: KLEIN, TERREN Section: PostOp Page 7



Intake and Output

Version 4.4.7.0

Patient **MARES, MIGUEL**

Case

07/27/2016

Intake

Date	Time	Area	Intake (mL)	Type
07/27/2016	07:42	IntraOp	Intravenous (1400)	LR
07/27/2016	08:18	PACU2	Oral (100)	ice/water
07/27/2016	08:40	PACU2	Intravenous (300)	lr

Intake Totals

Pre-OP Total : 0

Intra-OP Total : 1400

PACU1 Total : 0

PACU2 Total : 400

Extended Care Total : 0

PAT Total : 0

24 Hour Total : 1800



PostOp Nurse Notes

0742 PT ARRIVED TO PACU VIA STRETCHER ACCCOMPANIED BY DR. V. Letif AND Rosa RN PT IS SEDATED, AIRWAY PATENT WITH USE OF NPA, 5 RESPIRATIONS REGULAR RATE AND RHYTHM, BREATH SOUNDS CLEAR, PT'S SKIN IS WARM, DRY AND INTACT. PT GIVEN A WARM BLANKET, PLACED ON MONITOR, ON OXYGEN 10L/MIN MASK, SIDE RAILS UP X2. VITAL SIGNS STABLE. PT IN VIEW OF NURSING STATION, WILL CONTINUE TO MONITOR.

0747 PT MEDICATED WITH LABETOLOL 5MG IVP PER ORDER

0750 NPA TAKEN OUT, AIRWAY PATENT, PT BACK TO SLEEP.

0752 PT'S DAUGHTER AT BEDSIDE: PT STATUS, PLAN OF CARE AND SEQUENCE OF EVENTS GIVEN.

0814 PT WAKING UP, RESTING IN BED, SR UP X2, VSS, IN NAD.

0818 PT GIVEN ICE WATER AND TOLERATED PO FLUIDS, VITAL SIGNS STABLE, PT IN NO APPARENT DISTRESS AND PLACED IN PHASE 2

0830 PT'S DAUGHTER GIVEN DISCHARGE INSTRUCTIONS AND VERBALIZED UNDERSTANDING WITH NO FURTHER QUESTIONS

0838 PT RESTING IN BED, DENIES PAIN, VSS, WILL CONTINUE TO MONITOR.

0900 PT'S IV CATHETER REMOVED, CATHETER TIP INTACT, NO REDNESS, EDEMA OR INFILTRATION NOTED, BANDAID AND GAUZE APPLIED.

0905 PT LEFT PACU VIA WHEELCHAIR AND IN NAD.

RM:Signature

Signature: electronically signed by HERMANDEZ, JUAN on 07/27/2016 12:48

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male

Physician : KLEIN, TERREN Section PostOp Page 9



Discharge Instructions

Instructions Used : KLEIN DISCHARGE INSTRUCTIONS SPANISH

Activity:

- Usar el sosten de hombro para su comodidad.

Bathing:

- No remoje las heridas y no remover las bendas.

Diet:

- Avanzar dieta como sea tolerada. Empezando con líquidos y avanzar a dieta regular.

Driving:

- No debe tratar de manejar, usar herramientas eléctricas, ni tomar ninguna decisión importante hasta que hayan pasado 24 horas después de la cirugía, y puede hacer esto entonces solo si usted se siente perfectamente normal y alerta.

Educational:

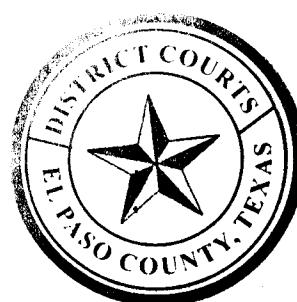
IMPORTANTE: En caso de una emergencia, llamar a 911 o ir a la sala de emergencias más cercana de usted para examen o tratamiento.

Medication:

- Tomar medicamentos como están recetados.

Notifications:

- **Dr. Klein TEL: (915) 838-3888**
- Llamar al Dr. Klein para dolor o sangrado sin control, fiebre arriba de 101°F, náuseas/vomito severo o preguntas.
- Si tiene un dolor desmesurado o persistente, hinchazón, hemorragia, náusea, vomito, o cualquier otro problema, usted debe llamar primero a su cirujano para que



le aconseje. Si no se puede poner en contacto con su cirujano, solicite ayuda de la sala de emergencias de un hospital.

WoundCare:

- NO remueva los vendajes.

Follow up Appointment(s):

Type: Surgeon

Provider: Dr. Klein

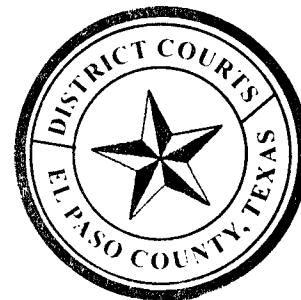
Date: 07/29/2016

Time: 09:00 AM

RN Signature: electronically signed by HERNANDEZ, JUAN on 07/27/2016 08:29

Signature of Patient or Patient Representative

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male
Physician: KLEIN, TERREN Section Discharge Page 2



Version 5.2.9.1

Discharge Patient

Discharge Status: Home

Discharge Mode: Wheelchair

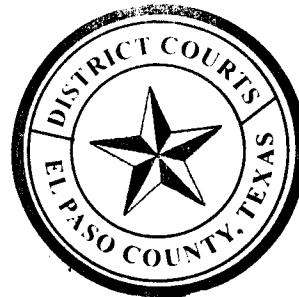
Discharge Date: 07/27/2016

Discharge Time: 09:05 AM

Educational Resources Provided: No

RN Signature:

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Discharge Page 3



Signature of Patient or Patient Representative

Patient: MARES, MIGUEL MRN: 0024427 DQS: 07/27/2016 DOB: [REDACTED] Gender: Male
Physician: KLEIN, TERREN Section Discharge Page 4



Post-Operative Call Back

Telephone # 915-367-1031

Operative Procedure

OPEN RIGHT SHOULDER ROTATOR CUFF REPAIR

Date/Time Called (3 attempts): 1 07/28/2016 16:30 2 07/29/2016 16:29

3 [] [] Person spoken to []

General Condition:

	Yes	No	N/A
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redness/swelling of operative site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

1ST CALL ATTEMPT, NO ANSWER AND NO MESSAGE LEFT.
JH

Pain Control:

Adequate: 2ND CALL ATTEMPT, NO ANSWER AND NO MESSAGE LEFT.
JH

Activity:

Resting:
Return to: Work / School

Dressing:

Dry without drainage:
Dressing intact:

Complications:

 Specify: []

Comments:

Signature: electronically signed by HERNANDEZ, JUAN on 07/29/2016 16:55

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [] Gender: Male
Physician: KLEIN, TERREN Section Discharge Page 5

Quality Measure

Version 5.2.7.0

Quality Group	Quality Element
CMSQM	CMS/QM
Quality Measure	Answer Comment
User	
Did A Patient Burn Occur?	No
Monitor IF Did a Patient Fall Occur?	No
Monitor IF Was the Patient Transferred or Admitted to a Hospital?	No
Monitor IF Was There a Wrong Site, Side, Patient, Procedure, or Implant Event?	No
Monitor, IF	

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male
 Physician : KLEIN, TERREN Section Quality Page 1



El Paso County - 327th District Court

Filed 4/10/2017 11:29:58 AM
Norma Favela Barceleau
District Clerk
El Paso County
2017DCV0917

**IN THE 327TH JUDICIAL DISTRICT COURT
EL PASO COUNTY, TEXAS**

MIGUEL A. MARES,

PLAINTIFF,

VS.

CAUSE NO.: 2017DCV0917

NGUYEN HUU NGUYEN AND UTILITY TRAILER MANUFACTURING COMPANY.

DEFENDANT.

**PLAINTIFF'S INTERROGATORIES, REQUESTS FOR DISCLOSURE,
REQUESTS FOR ADMISSION AND REQUESTS FOR PRODUCTION
TO DEFENDANT NGUYEN HUU NGUYEN**

TO: Defendant NGUYEN HUU NGUYEN, 2158 San Marcos Dr., in Yuma, AZ 85365.

COMES NOW, MIGUEL A. MARES, Plaintiff in the above styled and numbered cause, by and through his attorney of record, James B. Kennedy, Jr. of JAMES KENNEDY, P.L.L.C., 6216 Gateway East, El Paso, Texas 79905 and pursuant to TEXAS RULES OF CIVIL PROCEDURE Rules §§197, 194.2, 198, and 196 serves these Interrogatories, Requests for Disclosure, Requests for Admission and Requests for Production upon you, the answers to which shall be made by you, separately and fully, in writing, and under oath. The responses to these discovery requests shall be served upon the undersigned counsel of record for the Plaintiff within **fifty-one (51)** days after the service hereof upon you. Remember that you have the ongoing duty to amend and supplement your answers and responses hereto should those answers or responses become false or inaccurate given the discovery of information which was not available to you at the time you made your answers and responses hereto.

I. DEFINITIONS AND INSTRUCTIONS

(1) As used herein, the terms "you" and "your," as used herein and unless explicitly stated otherwise, shall mean NGUYEN HUU NGUYEN and/or your employees, agents, and all other natural persons or business or legal entities acting on your behalf.



- (2) The allegations of negligence and the description of claimed injuries and damages contained in Plaintiff's Original Petition are incorporated fully herein, as if stated verbatim.
- (3) The term "Subject Accident," as used herein, refers to the occurrence that makes the basis of this suit. This occurrence is more fully described in Plaintiff's Original Petition in "Facts."
- (4) The term "Subject Injuries," as used herein, shall mean the injuries Plaintiff claims were incurred as a direct and proximate result of the Subject Accident. These injuries and damages were described in Plaintiff's Original Petition, and same are incorporated fully herein as if stated verbatim.
- (5) The term "document," as used herein, shall be used to broadly describe information, data, or imagery that has been recorded in any form (e.g., paper, magnetic tape, magnetic disk, optical disk, USB flash drive, signs, placards, banners, tablets, etc.).

INTERROGATORIES

INTERROGATORY NO. 1:

Please identify yourself by stating your name, address, telephone number, date of birth, driver's license number and the state in which it was issued, and your social security number.

ANSWER:

INTERROGATORY NO. 2:

Have you been sued under the correct name? If yes, please so state. If not, please provide your full and correct name, address, and telephone number.

ANSWER:

INTERROGATORY NO. 3:

Pursuant to Texas Rules of Civil Procedure §192.3(f), describe any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of judgment that may be entered into this action, or to indemnify or reimburse for payments made to satisfy the judgment, by stating the name and address of the person or entity insured, the name and address of the insurer, the limits of applicable coverage and the amounts of any applicable deductibles or self-insured retentions. If any of the applicable insurance policies are aggregate limit policies, please state the applicable limits, whether any claims applicable to such limits have been made, the name, address and phone number of the claimant(s) and his/her attorney(s) and the amount reserved on such claim, state whether any sums have been paid, and if so, state the amount paid, and state the last date upon which a claim can be made against such aggregate limit. Further, please state whether or not notice of the incident was given, and whether or not a non-waiver agreement, reservation or rights letter, or any other document or agreement regarding coverage has been signed by or sent or communication to you.

ANSWER:



INTERROGATORY NO. 4:

State the name, address, telephone number, area of expertise, and the subject matter upon which you consulted any experts whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

ANSWER:

INTERROGATORY NO. 5:

Identify which of the Subject Injuries you are asserting were not caused or aggravated by the occurrence of the Subject Accident. Please supplement this answer as necessary.

ANSWER:

INTERROGATORY NO. 6:

If you are asserting more than just a General Denial (TRCP 92) as to the cause(s) of the Subject Injuries, identify the facts upon which you base your assertion. Please supplement this answer as necessary.

ANSWER:

INTERROGATORY NO. 7:

Please state whether you were charged with any traffic violations in connection with the Subject Accident and, if so, the final disposition of such traffic charge.

ANSWER:

INTERROGATORY NO. 8:

Please state whether you have ever been charged with or convicted of any crimes and if so, the date of the accident giving rise to the charge(s), the nature of the offense with which you were charged and the disposition of the charge(s).

ANSWER:

INTERROGATORY NO. 9:

State the approximate speed of your vehicle at the time of the Subject Accident.

ANSWER:

INTERROGATORY NO. 10:

Please state the purpose of your trip at the time of the Subject Accident. If you were acting within the course and scope of your employment with any employer whom you were employed with at the time of the Subject Accident, or if you were driving a vehicle owned by any such employer, state the name, address, and phone number of any such employer.

ANSWER:



INTERROGATORY No. 11:

State whether you consumed any intoxicating beverages or controlled substances within 24 hours prior to the Subject Accident and, if so, specify the type of beverage or controlled substance, the quantity consumed, the time and place where same was consumed, and the identity and address of each person who was present when the beverage and controlled substance was consumed.

ANSWER:

INTERROGATORY No. 12:

Please identify all of your employers for the previous ten years by stating the name, address, and telephone number of the employer, the name of your immediate supervisor, a brief description of the nature of your duties, and beginning and ending dates of employment with same. Please make an indication for the employer(s) you were acting within the course and scope of your employment with at the time of the Subject Accident, if applicable.

ANSWER:

INTERROGATORY No. 13:

Please state any and all addresses you have lived at for the previous ten years.

ANSWER:

INTERROGATORY No. 14:

Please state whether you have ever been involved in any other motor vehicle collisions at a time when you were the operator of an involved motor vehicle, exclusive of the Subject Accident, and, if so, the date of such collision, whether any claims or civil actions for personal injuries arose out of such collision and the disposition of such claims or civil actions.

ANSWER:

INTERROGATORY No. 15:

Please state your educational background including all post-elementary school institutions attended, the dates of such attendance and any degrees, diplomas or citations earned.

ANSWER:

INTERROGATORY No. 16:

Please state all medications that you had consumed during the two months prior to the Subject Accident, state the dates of consumption, the dosage consumed and the state whether you were taking such medication pursuant to a prescription.

ANSWER:

INTERROGATORY No. 17:

Please state the name and address of any and all health care providers, including optometrists or ophthalmologists, of whom you have been a patient for the ten years preceding the Subject Accident.

ANSWER:



INTERROGATORY No. 18:

With regard to the Subject Accident, please briefly describe any injuries you received in connection with same, if any, identify the date(s) you recovered from said injuries, and identify by name and address any and all health care providers you sought treatment with in connection with said injuries. If you are still suffering from any injury received in connection with the Subject Accident, please identify those injuries.

ANSWER:

INTERROGATORY No. 19:

Briefly describe the damage that was done to the vehicle you were operating at the time of the Subject Accident and identify the total charges of the cost of repairs to that vehicle.

ANSWER:

INTERROGATORY No. 20:

State your contentions as to how the Subject Accident occurred. If you contend that there was any negligence in connection to the Subject Accident attributable to Plaintiff, please identify any such acts or omissions on his part.

ANSWER:

INTERROGATORY No. 21:

If you contend that Plaintiff was negligent at the time of the Subject Accident, and that such negligence was a contributing or proximate cause of the Subject Accident, please identify the actions or omissions committed by Plaintiff that you contend were negligent and caused or contributed to cause the Subject Accident. You may attach all descriptive aids as you deem necessary to clarify your answer.

Answer:

INTERROGATORY No. 22:

Please state the name, address and telephone number of the owner(s) of the vehicle you were operating at the time of the Subject Accident and state if you had said owner(s) permission to operate the vehicle.

ANSWER:

REQUESTS FOR DISCLOSURE

Pursuant to TEXAS RULES OF CIVIL PROCEDURE, you are requested to disclose the information set out within §194.2, subsections (A) through (L).

REQUESTS FOR ADMISSIONS

REQUEST FOR ADMISSION No. 1:

You have been sued by your correct name.

RESPONSE:



REQUEST FOR ADMISSION No. 2:

You have been sued in the correct capacity.

RESPONSE:

REQUEST FOR ADMISSION No. 3:

Venue is proper in the county in which the Petition was filed.

RESPONSE:

REQUEST FOR ADMISSION No. 4:

This Court has proper jurisdiction for all matters brought to issue by the Petition.

RESPONSE:

REQUEST FOR ADMISSION No. 5:

You had liability automobile insurance at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 6:

You were at least 50% at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 7:

You were 100% at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 8:

You were issued one or more citations in connection with the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 9:

You were issued a citation for causing the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 10:

You plead guilty to a citation for causing the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 11:

You have verbally admitted fault for causing the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION No. 12:

You exceeded the speed limit within sixty seconds before the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 13:

You saw Plaintiff prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 14:

You were aware of the location of Plaintiff prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 15:

You were injured as a result of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 16:

You plan on seeking compensation for personal injuries and/or property damage arising from the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 17:

You are not asserting Plaintiff is at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 18:

You did not see Plaintiff prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 19:

You were using a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 20:

You consumed prescription drugs within 24 hours before the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 21:

You consumed illegal drugs within 24 hours before the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION No. 22:

Your driver's license has been suspended or revoked in any State prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 23:

You have been arrested or convicted of a DWI or DUI prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 24:

You have been at fault for causing an automobile accident prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 25:

The road conditions did not cause the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 26:

The Subject Accident did not occur as a result of a sudden emergency.

RESPONSE:

REQUEST FOR ADMISSION No. 27:

You had a suspended drivers license at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 28:

You had a revoked drivers license at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 29:

You had permission to drive the vehicle you were driving at the time of the Subject Accident from the owner of the vehicle.

RESPONSE:

REQUEST FOR ADMISSION No. 30:

You were acting within the course and scope of your employment at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 31:

You filed a workers compensation claim as a result of the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION No. 32:

You or your spouse owned a cell phone and/or were in possession of a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 33:

One of the passengers in the vehicle with you at the time of the Subject Accident was using a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 34:

A cell phone was in use in your vehicle at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 35:

A cell phone was in the vehicle at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 36:

You were familiar with the area where the Subject Accident occurred.

RESPONSE:

REQUEST FOR ADMISSION No. 37:

You have reviewed Plaintiff's medical records and medical bills arising from the Subject Injuries.

RESPONSE:

REQUEST FOR ADMISSION No. 38:

You are not contesting the cause of the Subject Injuries.

RESPONSE:

REQUEST FOR ADMISSION No. 39:

You have been convicted of a crime prior to the occurrence made the basis of this suit.

RESPONSE:

REQUEST FOR ADMISSION No. 40:

You have been convicted of a felony prior to the occurrence made the basis of this suit.

RESPONSE:



REQUEST FOR ADMISSION No. 41:

You have been convicted of a crime of moral turpitude prior to the occurrence made the basis of this suit.

RESPONSE:

REQUESTS FOR PRODUCTION

REQUEST FOR PRODUCTION No. 1:

True, correct, and complete photocopies of all Depositions upon Written Questions taken of any records custodian in connection with this lawsuit pursuant to Tex. R. Civ. P. Rule §200, together with any and all documents that were:

- (1) produced by the witness;
- (2) marked as exhibits to the deposition; or
- (3) provided to the witness by the deposition officer.

Please supplement your response to this request as necessary throughout the course of this lawsuit.

RESPONSE:

REQUEST FOR PRODUCTION No. 2:

All photographs or video footage of Plaintiff.

RESPONSE:

REQUEST FOR PRODUCTION No. 3:

Written notice of your intention to use any evidence of prior convictions of felonies or crimes of moral turpitude against Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

RESPONSE:

REQUEST FOR PRODUCTION No. 4:

All evidence of prior convictions of felonies or crimes of moral turpitude relating to Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

RESPONSE:

REQUEST FOR PRODUCTION No. 5:

The materials described by Tex. R. Civ. P. §192.3(e)(6) regarding any consulting experts of yours whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

RESPONSE:

REQUEST FOR PRODUCTION No. 6:

Copy of the front and back of your driver's license.

RESPONSE:



REQUEST FOR PRODUCTION No. 7:

Copy of the title to the vehicle that you were driving at the time of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION No. 8:

Any and all photographs or videotapes you have of the vehicles, the parties involved in this case and the scene in question at the time of or following the collision.

RESPONSE:

REQUEST FOR PRODUCTION No. 9:

A copy of any damage appraisal of your vehicle.

RESPONSE:

REQUEST FOR PRODUCTION No. 10:

Any and all insurance agreement policies, whether basic, umbrella or excess, under which any person or entity carrying on an insurance business may be liable to satisfy part or all of a judgment that may be rendered in this action or to indemnify or reimburse for payments made to satisfy the judgment. If any of these policies is an aggregate limits policy, and claims applicable to the aggregate limit have been made, please attach copies of all correspondence relating to such claims, and, if payments have been made that are chargeable to the aggregate limit, please attach copies of all checks, drafts, or other instruments reflecting such payments, receipts reflecting such payment and any agreements, including releases, relating to such payments. Further, if any person carrying on an insurance business has reserved his/her/its rights relative to the incident giving rise to this case, please provide all correspondence relating to such reservation of rights.

RESPONSE:

REQUEST FOR PRODUCTION No. 11:

Any photographs, video tapes, drawings, maps, diagrams, graphs, sketches or other graphic representations of the accident, the scene of the accident, the motor vehicles involved in the accident or of the Plaintiff.

RESPONSE:

REQUEST FOR PRODUCTION No. 12:

Copies of any and all (oral, written, or transcribed) statements from any person with knowledge of relevant facts referenced in Plaintiff's Petition. This request includes any statements that would be exempt from discovery under the work product privilege. In lieu of producing documents you may claim to be covered by the attorney client privilege, you are hereby requested to submit same for incamera inspection.

RESPONSE:

REQUEST FOR PRODUCTION No. 13:

Copies of all reports created by a local, state, or federal governmental agency prepared in conjunction with or as a result of the Subject Accident.

RESPONSE:



REQUEST FOR PRODUCTION No. 14:

A copy of any document that you will proffer as evidence at the trial of this case. This does not include rebuttal evidence, the use of which cannot be reasonably anticipated before trial.

RESPONSE:

REQUEST FOR PRODUCTION No. 15:

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION No. 16:

Any and all local, state, or federal governmental agency document indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION No. 17:

The cell phone records for the date of the accident, for any cell phone in your vehicle that would either tend to prove or tend to disprove that a cell phone was in use in your vehicle at the time of the accident. This request should not be construed as a request into the substance or subject matter of any communications.

RESPONSE:

REQUEST FOR PRODUCTION No. 18:

Any documents you would introduce at trial to show that the Subject Accident occurred as a result of a sudden emergency.

RESPONSE:

REQUEST FOR PRODUCTION No. 19:

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries do not exist.

RESPONSE:

REQUEST FOR PRODUCTION No. 20:

Any and all local, state, or federal governmental agency document indicating the Subject Injuries do not exist.

RESPONSE:



Respectfully Submitted,

JAMES KENNEDY, P.L.L.C.
6216 Gateway Blvd. East
El Paso, Texas 79905
(915) 544-5200
FAX (915) 532-2423

By: /s/ James B. Kennedy
JAMES B. KENNEDY, JR.
State Bar No.: 00791014

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk
BY *Jelia Solors* Deputy

NOV 21 2017

PLAINTIFF'S INTERROGATORIES, REQUESTS FOR DISCLOSURE, REQUESTS FOR ADMISSION
AND REQUESTS FOR PRODUCTION TO DEFENDANT NGUYEN HUU NGUYEN
PAGE 13 OF 13



**IN THE 327TH JUDICIAL DISTRICT COURT
EL PASO COUNTY, TEXAS**

MIGUEL A. MARES,

PLAINTIFF,

VS.

**NGUYEN HUU NGUYEN AND UTILITY
TRAILER MANUFACTURING COMPANY,**

DEFENDANT.

CAUSE NO.: 2017DCV0917

**PLAINTIFF'S INTERROGATORIES, REQUESTS FOR DISCLOSURE,
REQUESTS FOR ADMISSION AND REQUESTS FOR PRODUCTION
TO DEFENDANT UTILITY TRAILER MANUFACTURING COMPANY**

TO: Defendant UTILITY TRAILER MANUFACTURING COMPANY, by and through its registered agent at 1111 South 1000 West, Clearfield, UT 84015 .

COMES NOW, MIGUEL A. MARES, Plaintiff in the above styled and numbered cause, by and through his attorney of record, James B. Kennedy, Jr. of JAMES KENNEDY, P.L.L.C., 6216 Gateway East, El Paso, Texas 79905 and pursuant to TEXAS RULES OF CIVIL PROCEDURE Rules §§197, 194.2, 198, and 196 serves these Interrogatories, Requests for Disclosure, Requests for Admission and Requests for Production upon you, the answers to which shall be made by you, separately and fully, in writing, and under oath. The responses to these discovery requests shall be served upon the undersigned counsel of record for the Plaintiff within **fifty-one (51)** days after the service hereof upon you. Remember that you have the ongoing duty to amend and supplement your answers and responses hereto should those answers or responses become false or inaccurate given the discovery of information which was not available to you at the time you made your answers and responses hereto.

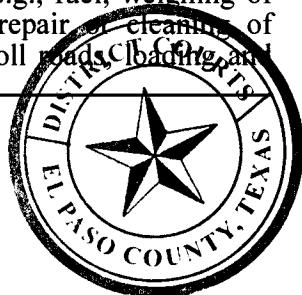
I. DEFINITIONS AND INSTRUCTIONS

(1) As used herein, the terms "you" and "your," as used herein and unless explicitly stated otherwise, shall mean **UTILITY TRAILER MANUFACTURING COMPANY** and/or



your employees, agents, and all other natural persons or business or legal entities acting on your behalf.

- (2) The allegations of negligence and the description of claimed injuries and damages contained in Plaintiff's Original Petition are incorporated fully herein, as if stated verbatim.
- (3) The term "Subject Accident," as used herein, refers to the occurrence that makes the basis of this suit. This occurrence is more fully described in Plaintiff's Original Petition in "Facts."
- (4) The term "Subject Injuries," as used herein, shall mean the injuries Plaintiff claims were incurred as a direct and proximate result of the Subject Accident. These injuries and damages were described in Plaintiff's Original Petition, and same are incorporated fully herein as if stated verbatim.
- (5) The term "document," as used herein, shall be used to broadly describe information, data, or imagery that has been recorded in any form (e.g., paper, magnetic tape, magnetic disk, optical disk, USB flash drive, signs, placards, banners, tablets, etc.).
- (6) The term "accident files and records," as used herein, is intended to have broad reference to all documents required from you by other organizations, state or federal governmental agencies, which are in any way related to any accident you or your co-drivers have been involved in.
- (7) The term "co-driver," as used herein, means any person(s) driving or riding with you on the date of the accident, and who at any time during the trip was driving the truck or was acting as a driver-trainer.
- (8) The term "driver's qualification file," as used herein, means those documents specifically required by Title 49 CFR Chapter III, Subtitle B, Parts 382, 383, and 391 created and maintained by your employer relating to you.
- (9) The term "trip," as used herein, is defined as the transportation or movement of one load of cargo, regardless of load size or type, from its origin to its final destination and includes the travel "empty or unloaded" from that destination point to the next point or location of loading, end of trip or new trip origin.
- (10) The term "operational documents," as used herein, means all of the following:
 - a. Your trip reports or trip envelopes, daily loads delivered or picked up reports or any otherwise described work reports, work schedule reports, fuel purchased reports, or any reports made by you, inclusive of daily, weekly or monthly cargo transported, time or distance traveled reports or work records, excluding only those documents known as "driver's daily logs" or "driver's record of duty status."
 - b. All receipts for any trip expenses or purchases made by you or your co-driver during a trip, regardless of the types of purchase (e.g., fuel, weighing of vehicles, food, lodging, equipment maintenance, repair or cleaning of equipment, special or oversize permits, bridge or toll roads, cleaning and

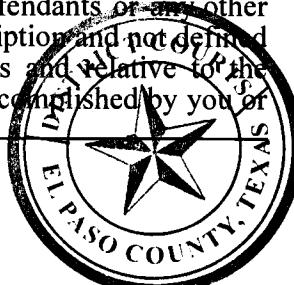


unloading cost, and all otherwise described receipts).

- c. All cargo pickup or delivery documents prepared by you, your employer, transportation brokers, involved shippers or receivers, motor carriers operations/dispatch personnel, drivers, or other persons or organizations relative to the cargo transported by you or your co-driver.
- d. All written requests, letters, memoranda, instructions, or orders, for transportation of cargo issued to you, transportation brokers, involved shippers or receivers, motor carriers operations/dispatch or sales personnel, drivers or other persons or organizations relative to the operations and cargo transported by you or your co-driver.
- e. All bills of lading or cargo manifest prepared or issued by any shippers, brokers, transporting motor carriers personnel, receivers of cargo or you. This specifically includes readable and complete copies of bills of lading, manifests, or other signed documents for cargo delivered along with any document that shows dates and times of cargo pickup or delivery that are relative to the operations and cargo transported by you or your co-driver.
- f. All equipment or cargo loading, unloading or detention of equipment documents along with any documents showing cargo pickup or delivery dates and times or delays or detention of equipment relative to the operations of you or your co-driver.
- g. All cargo transported freight bills, PRO's or otherwise described similar documents inclusive of all signed or unsigned cargo pickup and delivery copies that indicate the date or time of pick up or delivery of cargo by you or your co-driver.
- h. All written instructions, orders, or advice given to you or your co-driver in reference to cargo transported, routes to travel, locations to purchase fuel, cargo pickup or delivery times issued by you, shippers, receivers, or any other persons or organizations.
- i. Dispatch or operational records indicating assignment of equipment and drivers to specific cargo pickup, transportation and delivery, dates and times of pickup and delivery, movement of cargo, shippers and receivers of cargo, and any other related operational records or documents. This specifically includes all dispatch and operational type computer generated documents and materials indicating the trips, cargo, movements or activities of you or your co-driver.
- j. Any call-in records or otherwise described documents indicating any communications between you and your employer.
- k. All accounting records, merchandise purchased, cargo transportation billings or invoices and subsequent payments or otherwise described records indicating billings for transportation of cargo or payment for services performed by you or your co-driver for your employer.



- l. All initial or rough trip check-in or financial settlement sheets along with all final trip accounting documents, and computer generated documents or printouts showing expenses and payment(s) for service(s) or salary paid to you in reference to your trips. This specifically includes any summary type documents showing all payments made to you regardless of the purpose of payment or the period of time for which payment was made.
- m. All motor carrier or driver-created trip fuel mileage and purchase reports or records. This specifically includes all documents and computer generated documents, regardless of form or subject, received from any source such as the organization known as "COMCHEK," or generated for or by you, showing date, time and location of fueling or other purchases by you or your co-driver.
- n. All checks or otherwise described negotiable instruments issued to you or your co-driver given in payment as trip advances, loans, or for any other purpose inclusive of checks issued for employee payroll, owner/operator, or for trip lessors for services, where such are in your possession. Specifically copies of the front and back of each check or comcheck issued to you or your co-driver.
- o. All state fuel or oversize special permits and any related documents or requests issued to or by any state agency to transport cargo over their territories, regardless of the form of the permit. This also includes the receipt acknowledging payment for the permit issued by any governmental agency that relate to the movements of you or your co-driver.
- p. All trip leases or trip lease contracts involving you or your co-driver along with all related documentation issued to or created or received by you. Specifically, this includes any trip leases negotiated between you and any other motor carrier or their drivers inclusive of all related documentation thereto. Basically, "related documentation" consists of any documents created or generated in reference to the trip lease(s) and in addition, driver's daily logs or record of duty status, driver's daily condition reports, motor carrier certification of driver's qualification and include other documents that relate to the billing and payment for such movement of freight, along with all other types of documentation regardless of form or description that are relative to each occurrence involving the services and activities of you or your co-driver.
- q. All information from your satellite tracking system, electronic monitoring system, frame relay system, and electronic data communication systems relating to the location of you or your co-driver. This would include "Qualcomm" or any similar data which is generated for the purposes of periodically recording the geographical position of the truck you or your co-driver were operating.
- r. All other documents created or received by the Defendants or ~~any other~~ persons or organizations, regardless of form or description and not defined herein, in the possession of any of the Defendants and relative to the operations, activities, movements, cargo and trips accomplished by you or



your co-driver.

- (11) The terms "truck" or "tractor," as used herein, unless otherwise defined in a specific request herein, means the over-the-road vehicular power unit being operated by you or your co-driver at the time of the Subject Accident.
- (12) The term "trailer," as used herein, unless otherwise defined in a specific request herein, means any trailer that may have been attached to the power unit being operated by you at the time of the Subject Accident.
- (13) The term "hours of service records," as used herein, means any and all documents created in reference to Title 49 CFR Chapter III, Subtitle B, Part 395, including, but not limited to, driver's record of duty status, drivers' daily logs, time worked cards or other time worked records or summaries. This term also includes all documents created or maintained by you or your co-driver regarding reprimands, warnings, write-ups, or other disciplinary action taken against you in connection with violations of Title 49 CFR Chapter III, Subtitle B, Part 395.
- (14) The term "maintenance files and records," as used herein, means those documents required to be created or maintained by you in accordance with Title 49 CFR Chapter III, Subtitle B, Part 396, "inspection, repair and maintenance." This includes, but is not limited to, all driver's tractor and trailer daily condition reports, all systematic and annual inspections, work or repair orders, list of add-ons or take-offs of equipment parts and accessories, accounting records, bills, or notes of repairs or maintenance and all summary type maintenance documents, inclusive of any summary or computer generated type systematic lubrication, inspection and maintenance records and documents in your possession or on located in the truck operated by you on the date of the accident.
- (15) The "FOMCHSFO," as used herein, means the Federal Governmental Entity within the Federal Department of Transportation known as the "Federal Office of Motor Carrier and Highway Safety, Field Operations," which is the federal agency having jurisdiction and field enforcement responsibilities for the Federal Motor Carrier Safety Rules, as is set forth in Title 49 CFR, Chapter III.

INTERROGATORIES

INTERROGATORY NO. 1:

Please identify yourself by stating your name, address, telephone number, date of birth, driver's license number and the state in which it was issued, and your social security number.

ANSWER:

INTERROGATORY NO. 2:

Have you been sued under the correct name? If yes, please so state. If not, please provide your full and correct name, address, and telephone number, and the identity of your registered agent or the person or entity who is authorized to receive service of process.

ANSWER:



INTERROGATORY NO. 3:

Pursuant to Texas Rules of Civil Procedure §192.3(f), describe any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of judgment that may be entered into this action, or to indemnify or reimburse for payments made to satisfy the judgment, by stating the name and address of the person or entity insured, the name and address of the insurer, the limits of applicable coverage and the amounts of any applicable deductibles or self-insured retentions. If any of the applicable insurance policies are aggregate limit policies, please state the applicable limits, whether any claims applicable to such limits have been made, the name, address and phone number of the claimant(s) and his/her attorney(s) and the amount reserved on such claim, state whether any sums have been paid, and if so, state the amount paid, and state the last date upon which a claim can be made against such aggregate limit. Further, please state whether or not notice of the incident was given, and whether or not a non-waiver agreement, reservation or rights letter, or any other document or agreement regarding coverage has been signed by or sent or communication to you.

ANSWER:

INTERROGATORY NO. 4:

State the name, address, telephone number, area of expertise, and the subject matter upon which you consulted any experts whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

ANSWER:

INTERROGATORY NO. 5:

Identify which of the Subject Injuries you are asserting were not caused or aggravated by the occurrence of the Subject Accident. Please supplement this answer as necessary.

ANSWER:

INTERROGATORY NO. 6:

If you are asserting more than just a General Denial (TRCP 92) as to the cause(s) of the Subject Injuries, identify the facts upon which you base your assertion. Please supplement this answer as necessary.

ANSWER:

INTERROGATORY NO. 7:

Please state whether you were charged with any traffic violations in connection with the Subject Accident and, if so, the final disposition of such traffic charge.

ANSWER:

INTERROGATORY NO. 8:

Please state whether you have ever been charged with or convicted of any crimes and if so, the date of the accident giving rise to the charge(s), the nature of the offense with which you were charged and the disposition of the charge(s).

ANSWER:



INTERROGATORY NO. 9:

State the approximate speed of your vehicle at the time of the Subject Accident.

ANSWER:

INTERROGATORY NO. 10:

Please state the purpose of your trip at the time of the Subject Accident. If you were acting within the course and scope of your employment with any employer whom you were employed with at the time of the Subject Accident, or if you were driving a vehicle owned by any such employer, state the name, address, and phone number of any such employer.

ANSWER:

INTERROGATORY NO. 11:

State whether you consumed any intoxicating beverages or controlled substances within 24 hours prior to the Subject Accident and, if so, specify the type of beverage or controlled substance, the quantity consumed, the time and place where same was consumed, and the identity and address of each person who was present when the beverage and controlled substance was consumed.

ANSWER:

INTERROGATORY NO. 12:

Please identify all of your employers for the previous ten years by stating the name, address, and telephone number of the employer, the name of your immediate supervisor, a brief description of the nature of your duties, and beginning and ending dates of employment with same. Please make an indication for the employer(s) you were acting within the course and scope of your employment with at the time of the Subject Accident, if applicable.

ANSWER:

INTERROGATORY NO. 13:

Please state any and all addresses you have lived at for the previous ten years.

ANSWER:

INTERROGATORY NO. 14:

Please state whether you have ever been involved in any other motor vehicle collisions at a time when you were the operator of an involved motor vehicle, exclusive of the Subject Accident, and, if so, the date of such collision, whether any claims or civil actions for personal injuries arose out of such collision and the disposition of such claims or civil actions.

ANSWER:

INTERROGATORY NO. 15:

Please state your educational background including all post-elementary school institutions attended, the dates of such attendance and any degrees, diplomas or citations earned.

ANSWER:



INTERROGATORY NO. 16:

Please state all medications that you had consumed during the two months prior to the Subject Accident, state the dates of consumption, the dosage consumed and the state whether you were taking such medication pursuant to a prescription.

ANSWER:

INTERROGATORY NO. 17:

Please state the name and address of any and all health care providers, including optometrists or ophthalmologists, of whom you have been a patient for the ten years preceding the Subject Accident.

ANSWER:

INTERROGATORY NO. 18:

Briefly describe the damage that was done to the vehicle you were operating at the time of the Subject Accident and identify the total charges of the cost of repairs to that vehicle.

ANSWER:

INTERROGATORY NO. 19:

State your contentions as to how the Subject Accident occurred. If you contend that there was any negligence in connection to the Subject Accident attributable to Plaintiff, please identify any such acts or omissions on his part.

ANSWER:

INTERROGATORY NO. 20:

If you contend that Plaintiff was negligent at the time of the Subject Accident, and that such negligence was a contributing or proximate cause of the Subject Accident, please identify the actions or omissions committed by Plaintiff that you contend were negligent and caused or contributed to cause the Subject Accident. You may attach all descriptive aids as you deem necessary to clarify your answer.

Answer:

INTERROGATORY NO. 21:

Please describe any physical pain, injury, or mental anguish you experienced in connection with the Subject Accident. If you reported any of these conditions to your employer at the time of the Subject Accident, please so state. If you missed any work as a result of these conditions, please so state.

ANSWER:

INTERROGATORY NO. 22:

In the event your company's written policies regarding the hours of service are different from Title 49 CFR Chapter III, Subtitle B, Part 395, please state verbatim your company's written policies regarding the hours of service of your drivers. In lieu thereof, simply attaching these written policies to your answers is sufficient.

ANSWER:



INTERROGATORY No. 23:

With respect to the hours of service records and the entries as they are recorded therein for the forty-eight- hour-period immediately preceding the Subject Accident, for each change in duty status of you (e.g., driving, resting, off-duty, etc.), please state the time of day, and the effective status of duty for you. In lieu thereof, produce the hours of service records for the forty-eight hour period immediately preceding the Subject Accident.

ANSWER:

INTERROGATORY No. 24:

Describe any negative employment-related actions taken against you by your employer in connection with the Subject Accident.

ANSWER:

INTERROGATORY No. 25:

Please state the number of citations you have received in connection with violations of 49 CFR Chapter III, Subtitle B, Part 395 - hours of service of drivers, since the date of the start of your performing driving services on your employer's behalf continuing up to either the date of your termination of driving services on your employer's behalf, if applicable, or present date.

ANSWER:

INTERROGATORY No. 26:

Since the date of the Subject Accident, have you complained about any physical pain and suffering, or mental anguish to your employer or its compensation carrier? If so, please identify the date the complaint(s) first occurred, how many times you have complained of same, and state whether you have been given any time off from work in connection with said complaints.

ANSWER:

INTERROGATORY No. 27:

Did you file for workers compensation in connection with the Subject Accident? If so, please state the date you went on workers compensation, the duration of workers compensation (if it is continuing, please so state), and when you are anticipated to return to work.

ANSWER:

REQUESTS FOR DISCLOSURE

Pursuant to TEXAS RULES OF CIVIL PROCEDURE, you are requested to disclose the information set out within §194.2, subsections (A) through (L).

REQUESTS FOR ADMISSIONS

REQUEST FOR ADMISSION No. 1:

You have been sued by your correct name.

RESPONSE:



REQUEST FOR ADMISSION NO. 2:

You have been sued in the correct capacity.

RESPONSE:

REQUEST FOR ADMISSION NO. 3:

Venue is proper in the county in which the Petition was filed.

RESPONSE:

REQUEST FOR ADMISSION NO. 4:

This Court has proper jurisdiction for all matters brought to issue by the Petition.

RESPONSE:

REQUEST FOR ADMISSION NO. 5:

You had liability automobile insurance at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 6:

You were at least 50% at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 7:

You were 100% at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 8:

You were issued one or more citations in connection with the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 9:

You were issued a citation for causing the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 10:

You plead guilty to a citation for causing the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 11:

You have verbally admitted fault for causing the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION No. 12:

You exceeded the speed limit within sixty seconds before the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 13:

You saw Plaintiff prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 14:

You were aware of the location of Plaintiff prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 15:

You were injured as a result of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 16:

You plan on seeking compensation for personal injuries and/or property damage arising from the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 17:

You are not asserting Plaintiff is at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 18:

You did not see Plaintiff prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 19:

You were using a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 20:

You consumed prescription drugs within 24 hours before the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 21:

You consumed illegal drugs within 24 hours before the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION No. 22:

Your driver's license has been suspended or revoked in any State prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 23:

You have been arrested or convicted of a DWI or DUI prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 24:

You have been at fault for causing an automobile accident prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 25:

The road conditions did not cause the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 26:

The Subject Accident did not occur as a result of a sudden emergency.

RESPONSE:

REQUEST FOR ADMISSION No. 27:

You had a suspended drivers license at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 28:

You had a revoked drivers license at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 29:

You had permission to drive the vehicle you were driving at the time of the Subject Accident from the owner of the vehicle.

RESPONSE:

REQUEST FOR ADMISSION No. 30:

You were acting within the course and scope of your employment at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 31:

You filed a workers compensation claim as a result of the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION No. 32:

You or your spouse owned a cell phone and/or were in possession of a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 33:

One of the passengers in the vehicle with you at the time of the Subject Accident was using a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 34:

A cell phone was in use in your vehicle at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 35:

A cell phone was in the vehicle at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 36:

You were familiar with the area where the Subject Accident occurred.

RESPONSE:

REQUEST FOR ADMISSION No. 37:

You were hauling goods or merchandise for your employer at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 38:

At the time of the Subject Accident, you were returning from a delivery for your employer at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 39:

Your employer at the time of the Subject Accident is a party to this lawsuit.

RESPONSE:

REQUEST FOR ADMISSION No. 40:

You kept andr maintained an hours of service records book at the time of the accident.

RESPONSE:



REQUEST FOR ADMISSION No. 41:

The hours of service records, in their original form at the time of the Subject Accident, contain no false information.

RESPONSE:

REQUEST FOR ADMISSION No. 42:

Since the date of the Subject Accident, the hours of service records for the date of the Subject Accident have been altered.

RESPONSE:

REQUEST FOR ADMISSION No. 43:

You were accompanied by a co-driver at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 44:

You have identified your co-driver in your response to Request for Disclosure §194.2(e)

RESPONSE:

REQUEST FOR ADMISSION No. 45:

At the time of the Subject Accident, you were required by your employer to maintain hours of service records.

RESPONSE:

REQUEST FOR ADMISSION No. 46:

You kept an hours of service record at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 47:

You are in possession of the hours of service records for the date of the Subject Accident..

RESPONSE:

REQUEST FOR ADMISSION No. 48:

You are or should be in possession of the hours of service records for the date of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 49:

The hours of service records for the date of the Subject Accident contains no false information.

RESPONSE:



REQUEST FOR ADMISSION No. 50:

The hours of service records for the date of the Subject Accident contains entries that document violations of laws, company policies, rules, or regulations in relation to maximum driving time within a 24-hour period, maximum driving distance within a 24-hour period, or maximum time allowed to drive without rest.

RESPONSE:

REQUEST FOR ADMISSION No. 51:

You caused the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 52:

The Subject Accident is documented in the hours of service records for the date of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 53:

It is your contention you are at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 54:

You are in possession of documents that suggest you caused, or contributed to cause the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 55:

You and your employer have discussed the Subject Accident prior to litigation in this case.

RESPONSE:

REQUEST FOR ADMISSION No. 56:

You had insurance under which you were a "covered person" at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 57:

You are periodically tested for alcohol in your system by your employer.

RESPONSE:

REQUEST FOR ADMISSION No. 58:

You are periodically tested for illegal drugs in your system by your employer.

RESPONSE:



REQUEST FOR ADMISSION No. 59:

You have failed one or more tests for the presence of alcohol since the time your employment began with your employer.

RESPONSE:

REQUEST FOR ADMISSION No. 60:

You have failed one or more tests for the presence of illegal drugs since the time your employment began with your employer.

RESPONSE:

REQUEST FOR ADMISSION No. 61:

You were tested for the presence of drugs and alcohol within 12 hours prior to or subsequent to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 62:

You were tested for the presence of drugs and alcohol within two days prior to or subsequent to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 63:

You tested positive for the presence of alcohol or illegal drugs on the test immediately prior or subsequent to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 64:

You complained of physical pain and/or mental anguish in connection with the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 65:

You were given time off of work to recover from injuries and/or mental anguish arising from the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION No. 66:

Following the Subject Accident, your employment have been terminated voluntarily by you.

RESPONSE:

REQUEST FOR ADMISSION No. 67:

Following the Subject Accident, your employment has been terminated by your employer.

RESPONSE:



REQUEST FOR ADMISSION No. 68:

Your employer has policies, rules, or regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period.

RESPONSE:

REQUEST FOR ADMISSION No. 69:

Your employer has written policies, rules, and regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period.

RESPONSE:

REQUEST FOR ADMISSION No. 70:

You have violated your employer's policies, rules, or regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period, since the date of the start of your employment.

RESPONSE:

REQUEST FOR ADMISSION No. 71:

You have reviewed Plaintiff's medical records and medical bills arising from the Subject Injuries.

RESPONSE:

REQUEST FOR ADMISSION No. 72:

You are not contesting the cause of the Subject Injuries.

RESPONSE:

REQUESTS FOR PRODUCTION

REQUEST FOR PRODUCTION No. 1:

True, correct, and complete photocopies of all Depositions upon Written Questions taken of any records custodian in connection with this lawsuit pursuant to Tex. R. Civ. P. Rule §200, together with any and all documents that were:

- (1) produced by the witness;
- (2) marked as exhibits to the deposition; or
- (3) provided to the witness by the deposition officer.

Please supplement your response to this request as necessary throughout the course of this lawsuit.

RESPONSE:



REQUEST FOR PRODUCTION No. 2:

All photographs or video footage of Plaintiff.

RESPONSE:

REQUEST FOR PRODUCTION No. 3:

Written notice of your intention to use any evidence of prior convictions of felonies or crimes of moral turpitude against Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

RESPONSE:

REQUEST FOR PRODUCTION No. 4:

All evidence of prior convictions of felonies or crimes of moral turpitude relating to Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

RESPONSE:

REQUEST FOR PRODUCTION No. 5:

The materials described by Tex. R. Civ. P. §192.3(e)(6) regarding any consulting experts of yours whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

RESPONSE:

REQUEST FOR PRODUCTION No. 6:

Copy of the front and back of your driver's license.

RESPONSE:

REQUEST FOR PRODUCTION No. 7:

Copy of the title to the vehicle that you were driving at the time of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION No. 8:

Any and all photographs or videotapes you have of the vehicles, the parties involved in this case and the scene in question at the time of or following the collision.

RESPONSE:

REQUEST FOR PRODUCTION No. 9:

A copy of any damage appraisal of your vehicle.

RESPONSE:



REQUEST FOR PRODUCTION No. 10:

Any and all insurance agreement policies, whether basic, umbrella or excess, under which any person or entity carrying on an insurance business may be liable to satisfy part or all of a judgment that may be rendered in this action or to indemnify or reimburse for payments made to satisfy the judgment. If any of these policies is an aggregate limits policy, and claims applicable to the aggregate limit have been made, please attach copies of all correspondence relating to such claims, and, if payments have been made that are chargeable to the aggregate limit, please attach copies of all checks, drafts, or other instruments reflecting such payments, receipts reflecting such payment and any agreements, including releases, relating to such payments. Further, if any person carrying on an insurance business has reserved his/her/its rights relative to the incident giving rise to this case, please provide all correspondence relating to such reservation of rights.

RESPONSE:

REQUEST FOR PRODUCTION No. 11:

Any photographs, video tapes, drawings, maps, diagrams, graphs, sketches or other graphic representations of the accident, the scene of the accident, the motor vehicles involved in the accident or of the Plaintiff.

RESPONSE:

REQUEST FOR PRODUCTION No. 12:

Copies of any and all (oral, written, or transcribed) statements from any person with knowledge of relevant facts referenced in Plaintiff's Petition. This request includes any statements that would be exempt from discovery under the work product privilege. In lieu of producing documents you may claim to be covered by the attorney client privilege, you are hereby requested to submit same for incamera inspection.

RESPONSE:

REQUEST FOR PRODUCTION No. 13:

Copies of all reports created by a local, state, or federal governmental agency prepared in conjunction with or as a result of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION No. 14:

A copy of any document that you will proffer as evidence at the trial of this case. This does not include rebuttal evidence, the use of which cannot be reasonably anticipated before trial.

RESPONSE:

REQUEST FOR PRODUCTION No. 15:

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

RESPONSE:



REQUEST FOR PRODUCTION No. 16:

Any and all local, state, or federal governmental agency document indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION No. 17:

The cell phone records for the date of the accident, for any cell phone in your vehicle that would either tend to prove or tend to disprove that a cell phone was in use in your vehicle at the time of the accident. This request should not be construed as a request into the substance or subject matter of any communications.

RESPONSE:

REQUEST FOR PRODUCTION No. 18:

Any documents you would introduce at trial to show that the Subject Accident occurred as a result of a sudden emergency.

RESPONSE:

REQUEST FOR PRODUCTION No. 19:

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries do not exist.

RESPONSE:

REQUEST FOR PRODUCTION No. 20:

Any and all local, state, or federal governmental agency document indicating the Subject Injuries do not exist.

RESPONSE:

REQUEST FOR PRODUCTION No. 21:

A true and correct copy of the hours of service records for the month in which the Subject Accident occurred.

RESPONSE:

REQUEST FOR PRODUCTION No. 22:

True and correct copies of any citations you have received within 5 years preceding the Subject Accident while performing in the course and scope of your employment with your employer at the time of the Subject Accident.

RESPONSE:



REQUEST FOR PRODUCTION No. 23:

Complete and clearly readable copies of all trip or operational documents (refer to Definitions and Instructions) pertaining to the movement of cargo by you or your co-driver for the period of time beginning one month prior to the date of the Subject Accident and ending on the date of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION No. 24:

Produce your DOT audits for the preceding two years and the audit for the year in which the subject accident occurred.

RESPONSE:

REQUEST FOR PRODUCTION No. 25:

Produce your safety ratings for the preceding two years and the audit for the year in which the subject accident occurred.

RESPONSE:

REQUEST FOR PRODUCTION No. 26:

Complete and clearly readable copies of your driver's personnel file (refer to Definitions and Instructions), or any otherwise titled files on you in reference to services performed for you by you, from initial contract or employment with you to the present date.

RESPONSE:

REQUEST FOR PRODUCTION No. 27:

Complete and clearly readable copies of any state or FOMCSFO (refer to Definitions and Instructions) issued terminal audits, road equipment compliance inspections, driver compliance inspections, warnings of violations, or traffic citations issued in reference to the activities of you or your co-driver, by any city, county, state or federal agency or law enforcement official in your possession. This request specifically includes any documents issued by any governmental agency arising from the activities of you from the date of your initial employment to the present date.

RESPONSE:

REQUEST FOR PRODUCTION No. 28:

Complete and clearly readable copies of all objects, photographs, drawings, reports, statements or otherwise described documents or objects in your possession in reference to the Subject Accident excluding only those written documents, materials and objects that can be clearly identified as the work product of the defendant's attorneys. This specifically includes any and all reports and written or electronically recorded statements made by any of the defendants to any other person, organization or governmental entity.

RESPONSE:



REQUEST FOR PRODUCTION No. 29:

Complete and clearly readable copies of any and all accident files and records (refer to Definitions and Instructions) maintained by you or your employer in reference to any vehicular accident, or accident, prior to the occurrence of the Subject Accident wherein you or your co-driver or driver-trainer were involved.

RESPONSE:

REQUEST FOR PRODUCTION No. 30:

Complete and clearly readable copies of all hours of service records created by you or your co-driver, for the period of time beginning one month prior to the date of the Subject Accident and ending on the date of the Subject Accident, that are in your possession.

RESPONSE:

REQUEST FOR PRODUCTION No. 31:

Complete and clearly readable copies of any and all notices, directives, bulletins, publications, or otherwise company-distributed manuals of any type relating to the day-to-day motor carrier operating and safety procedures given to you by your employer, to be followed by you, in existence and effective in your employer's company on the date of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION No. 32:

Complete and clearly readable copies of any and all created electronic or satellite "vehicular movement recording" data or records created with QualComm, HighwayMaster, American Mobile Satellite Corp.'s devices, or such other similar technology, where such documents are indicative of the geographical locations of the truck, during the period of time beginning one month prior to the Subject Accident and ending on the date of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION No. 33:

All documents reflecting or relating to written driving examinations taken by you.

RESPONSE:

REQUEST FOR PRODUCTION No. 34:

Training videos or other materials used for the training of your company's drivers within the last five (5) years.

RESPONSE:

REQUEST FOR PRODUCTION No. 35:

Training videos or other material that was used during your training with your employer. If the responsive material is identical to the material that is responsive to the preceding request, please so state in your response.

RESPONSE:



REQUEST FOR PRODUCTION No. 36:

Equipment-related documents for the tractor required by 49 C.F.R. Chapter III, Subtitle B, Part 376 for the last year.

RESPONSE:

REQUEST FOR PRODUCTION No. 37:

All photographs, drawings, diagrams, records of measurements and other depictions and documents reflecting the scene of the occurrence in question and vehicles involved.

RESPONSE:

REQUEST FOR PRODUCTION No. 38:

All reports, memos, correspondence, notes, telephone messages, voice mail recordings, e-mail, and other communications among or between you and other third parties from the time of the Subject Accident until the collection of specimens from you for alcohol and controlled substances testing, only to the extent such communications were concerning the condition, whereabouts, activities, testing and other circumstances concerning you. This request does not seek communications protected by the attorney-client privilege.

RESPONSE:

REQUEST FOR PRODUCTION No. 39:

All documents reviewed, prepared, or otherwise utilized in connection with any internal analysis or investigation into the Subject Accident, only to the extent that the analysis was conducted pursuant to your internal safety policies (i.e., this request does not seek the results of investigations conducted by your attorney in preparation of litigation).

RESPONSE:

REQUEST FOR PRODUCTION No. 40:

All documents reviewed, prepared, or otherwise utilized in connection with any internal analysis or investigation into the "vehicle cause and prevention" of all collisions involving your vehicles or drivers over the last ten (10) years.

RESPONSE:

REQUEST FOR PRODUCTION No. 41:

All "maintenance files and records" for the tractor and trailer that was driven by you on the date of the Subject Accident, for the period from its original purchase or lease by you, regardless of from whom it was obtained, through the present.

RESPONSE:

REQUEST FOR PRODUCTION No. 42:

All lease agreements, use agreements, employment agreements, or other agreements relating to the tractor, trailer or you.

RESPONSE:



REQUEST FOR PRODUCTION No. 43:

The registration and title documents for the tractor and trailer.

RESPONSE:

REQUEST FOR PRODUCTION No. 44:

All documents relating to the U.S. Department of Transportation surveys and audits conducted on, for, or against you or your employer for the last ten (10) years.

RESPONSE:

REQUEST FOR PRODUCTION No. 45:

The tractor.

RESPONSE:

REQUEST FOR PRODUCTION No. 46:

The trailer.

RESPONSE:

Respectfully Submitted,

JAMES KENNEDY, P.L.L.C.
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El Paso, Texas 79905
(915) 544-5200
FAX (915) 532-2423

By: /s/ James B. Kennedy
JAMES B. KENNEDY, JR.
State Bar No.: 00791014

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk

BY Nelia Soto Deputy
NOV 21 2017

PLAINTIFF'S INTERROGATORIES, REQUESTS FOR DISCLOSURE, REQUESTS FOR ADMISSION
AND REQUESTS FOR PRODUCTION TO DEFENDANT UTILITY TRAILER MANUFACTURING COMPANY
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